

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, unani, siddha homeopathy and Naturopathy in the Indian Context, for Hospitalisation only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 (Ref: 3.4 Alternative Therapy)

2.4 ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

2.5 CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

2.6 CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.8 CONTRIBUTION:

The Officers / employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.9 DAYCARE CENTRE:

A day care centre means any institution established for day care treatment of illness and/ or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.

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- maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

- iii. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- iv. Which would have otherwise required a hospitalisation of more than a day.

Treatment normally taken on an out patient basis is not included in the scope of this definition.

2.11 DOMICILIARY HOSPITALIZATION:

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- c) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- d) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

2.13 HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term ' Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

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2.14 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

2.15 ID CARD:

ID Card means the identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

2.16 ILLNESS:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

2.17 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However all types of Hospitalization is covered under the Scheme.

2.18 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

2.19 INTENSIVE CARE UNIT:

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.20 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) Expenses towards medical termination of pregnancy during the policy period.
- c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

2.21 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

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2.22 MEDICAL EXPENSES:

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

2.23 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

2.24 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

2.26 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.27 NON NETWORK :

Any hospital, day care Centre or other provider that is not part of the network.

2.28 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

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2.29 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of medical a practitioner. The insured is not admitted as a day care or in-patient.

2.30 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

2.31 PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

2.32 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

- a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.33 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

2.34 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

2.35 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.36 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

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2.37 SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

2.38 Third Party Administrator

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.39 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

3. COVERAGES:

- 3.1 Domiciliary Hospitalization / Domiciliary Treatment : Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis -B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, Malaria,—Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthmaticus, sequela of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

- 3.2 Critical Illness : To be provided to the employee only subject to a sum insured of Rs. 1,00,000/- . Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of Rs.1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia

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- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless / reimbursement of expenses for the treatment taken by him.

3.3 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilica/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor		
10	Eye surgery	28	Septoplasty
11	Fracture including hairline fracture /dislocation	29	Piles/ fistula
12	Radiotherapy	30	Prostate surgeries
13	Chemotherapy including parental chemotherapy	31	Sinusitis surgeries
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abscess	33	Liver aspiration
16	Varicocelectomy	34	Sclerotherapy
17	Wound suturing	35	Varicose Vein Ligation
18	FESS	36	All scopies along with biopsies
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	37	Lumbar puncture

This condition will also not apply in case of stay in hospital of less than a day provided -

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- a. The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and
- b. Which would have otherwise required hospitalization of more than a day.
- 3.4 Alternative Therapy : Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines , viz, Ayurvedic ,Unani, Sidha, Homeopathy , Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

3.5 MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50000/- for Normal Delivery and-Rs. 75,000/- for Caesarean Section-

Special conditions applicable to Maternity expenses Benefit Extension:

- I. 9 months waiting period under maternity benefit will be waived from the policy.
 - II. Pre-natal & post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
 - III. Missed Abortions , Miscarriage or abortions induced by accidents are covered under the limit of Maternity
 - IV. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer
 - V. Expenses incurred for Medical Termination of Pregnancy
 - VI. Claim in respect of delivery to be given irrespective of the number of children
- 3.6 Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs, 20000/-.
- However if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.
- 3.7 Ambulance Charges: Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per trip.
Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.
- 3.8 Pre- Existing Diseases / Ailments: Pre-existing diseases are covered under the scheme.
- 3.9 Congenital Anomalies: Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy
- 3.10 Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

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- 3.11 Advanced Medical Treatment: All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.
- 3.12 Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.
- 3.13 Taxes and other Charges : All Taxes , Surcharges , Service Charges , Registration charges , Admission Charges , Nursing , and Administration charges to be payable.
- Charges for diapers and sanitary pads are payable if necessary as part of the treatment
Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.
- 3.14 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.
- 3.15 Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.
- 3.16 Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.
- 3.17 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.
- 3.18 Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

4. EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 4.1 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 4.2 a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- b. Vaccination or inoculation.
- c. Change of life or cosmetic or aesthetic treatment of any description is not covered.

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d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, , treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.

4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

5. CONDITIONS:

5.1 Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.

5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

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- 5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalisation/Domiciliary Hospitalisation .
- 5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.
- Note:** Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.
- 5.5.1 The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/Company may require in dealing with the claim.
- 5.5.2 Any medical practitioner authorised by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation, if so required.
- 5.6 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 5.7 **DISCLOSURE TO INFORMATION NORM**
The claim shall rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 5.8 Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.
- 5.9 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and United India Insurance Co Ltd. unless rejected by the committee in real time the claim should not be rejected.
- 5.10 There would be a continuity of this Scheme / benefits to the Retiring Officers / employees and their family and also to the Retired Officers / employees and their family.

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**Mapping the underwriting, process, servicing and claims for the Medical Scheme of
the Officers / employees and their family members of Indian Banks' Association
Member Banks**

1. The policy will be issued in the name of Indian Banks' Association Member Banks and the list of the member banks would be mentioned giving the data of the officers / employees bifurcated into:-
 - a) Officers with the data of their dependent family members.
 - b) Clerical staff with the data of their dependent family members.
 - c) Sub staff with the data of their dependent family members.

The premium is decided by the number of officers / employees uniformly but not based on the number of dependent family members. The collection of data of dependent family members at the initial stage may take long time. In such cases claims pertaining to dependent family members of officers / employees pending collection of data may be settled on certification and recommendation of the appropriate authority of the respective bank.

2. The policy will commence on a uniform date for all the member banks to ensure they get the benefit of the large number of officers / employees which has been instrumental in the procurement of the most competitive premium quote and would eventually also reflect in a positive claim ratio.
3. The member banks will submit their data and pay the premium to the lead Insurance Company viz. United India Insurance Co. Ltd., in proportion to their employee strength.
4. The insured name of Indian Banks' Association is used for getting the benefit of mass scale underwriting and a positive claim ratio that would benefit all the member Banks. All underwriting, process and claim servicing will be done by the member Banks' directly with United India Insurance Co. Ltd. and K. M. Dastur Reinsurance Brokers Pvt. Ltd.
5. The Corporate Buffer of all the member banks will be in proportion to the percentage of their premium contribution.
6. The allocation and use of this Corporate Buffer would rest with the individual management of the member bank. At the end of the year we would have a joint review on how many banks have totally utilized their Corporate Buffer and how many other member banks have not utilized their Corporate Buffer totally. The unutilized Corporate Buffer of the member banks would now be proportionately available to the member banks whose Corporate Buffer has been totally utilized. This would be one of the major benefits of the Group underwriting of all the member banks under one policy and at the same time individual underwriting of each member banks for data processing, servicing and claims.

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7. The claim settlement of the member banks would be done in the same process as followed in the past, by each individual member banks.
8. The Third Party Administrator, appointed by the lead insure viz United India Insurance Co. Ltd. will station their representative at the banks regional/ nodal offices from where these banks have been settling medical claims of their officers / employees.
9. The Third Party Administrator, would have a Dedicated Office, Server and a 24 X 7 Call Centre for the Member Banks of the Indian Banks' Association.
10. The officers / employees would submit the claims to the same regional / nodal offices where they have been submitting in the past and the Third Party Administrator representative will be the backup support and ensure claim settlement is completed in thirty minutes.
11. (The Third Party Administrator should ensure placement of representative in all the regional/nodal offices of the member banks where the officers / employees have been submitting their claims in the past)
12. No claims would be rejected by the insurance company/ Third Party Administrator unless the same is rejected by the committee comprising of the Bank management, Insurance Company, Third Party Administrator and K. M. Dastur Reinsurance Brokers Pvt Ltd.
13. All the officers / employees and their family members would be issued ID cards by the Third Party Administrator, of the Insurance Company ie. United India Insurance Co. Ltd. In case the employee or his family member gets admitted in any of the preferred Provider Network of hospitals on production of ID card, the hospital authority in turn shall notify by fax / mail the details of hospitalisation along with ID card number and Name of the employee to the Third Party Administrator, who would again revert by fax / mail a confirmation to the hospital to proceed with the claim. This would even enable them to claim from anywhere in India and they would be able to admit themselves in hospitals anywhere in India by merely calling the dedicated call centres of the Third Party Administrator, which would be working on a 24x7 basis. The Third Party Administrator, would even be able to advise the officers / employees on the nearest hospital available in their area. In case of an emergency admission to a hospital which is not in PP Network, the officers / employees also have a benefit to get himself admitted on a cashless basis by intimating the Third Party Administrator, call centre number, mentioning his ID card No and name. The hospital authority would fax / mail the details of hospitalisation to the Third Party Administrator, who would again revert by fax / mail a confirmation to the hospital to proceed with the claim.
14. Most of the claims would be cashless; which would be paid directly to the hospital concerned.
15. The reimbursement claims of pre and post hospitalisation or in a few cases of actual hospitalisation would be paid to the officers / employees through the banks regional/ nodal offices or directly credited to the officers / employees account.

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16. In case of reimbursement claim where the employee has not informed the banks Regional / Nodal offices; they may phone the 24 X 7 call centre of the Third Party Administrator giving the details of their card ID number and name. In such cases the reimbursement claim should be submitted on completion of hospitalisation and not later than 30 days of discharge from the hospital. In case of post-hospitalisation treatment, all claim documents should be submitted within 30 days after completion of such treatment. Wherever the hospitals are not in the approved list of Third Party Administrator, the Third Party Administrator should take necessary action for addition of those hospitals on their network hospital list in consultation with bank. In an emergency the claim payment would be paid to the hospital account and empanelment of the hospital would be considered.
17. All the addition and deletion of the officers / employees and dependents of the various member banks would be done on a monthly basis. A newly recruited employee would automatically be admitted in the medical scheme from the date of his appointment letter. This has to be reflected in the addition / deletion statement to be sent to the Third Party Administrator/ K. M. Dastur Reinsurance Broker Pvt. Ltd., before the 10th of the beginning of every month.
18. ID cards will be prepared within 10 working days from the date of receipt of data. These cards can be couriered to the respective branch office in which the employee is located. The cards can be distributed by at the branch office by the bank's branch manager / any other person who is made responsible for the same. Corrections in cards, if any can be e-mailed to an exclusive id which will be exclusive for cards correction errors. These cards will be corrected and resent within 2 working days from the receipt of correction mail.
19. An adequate deposit premium have to be placed by the member banks for this addition, as this is a regulatory compliance under section 64 V B of the Insurance Act; wherein no insurance can be initiated without the payment of the premium.
20. At the same time refund premium of all deletions would be credited in the deposit account of the member banks.
21. All additions / deletions of officers / employees and family members would be on pro rata basis. In case, some member banks joined the scheme sometime after the main master policy has been incepted, they would also be joining on a prorated premium.

Joint Note-25th May 2015



Special Area Allowance

Sr. No.	Area	Allowances (₹)	
		Pay below ₹24,000/-	Pay above ₹24,000/-
(1)	(2)	(3)	(4)
1.	Mizoram		
	a) Chhimtuipui District and areas beyond 25 kms. from Lunglei Town in Lunglei District.	2000	2600
	b) Entire Lunglei District excluding areas beyond 25 kms. from Lunglei town.	1600	2100
	c) Entire Aizawl District	1200	1500
2.	Nagaland	1600	2100
3.	Andaman & Nicobar Islands		
	a) North Andaman, Middle Andamans, Little Andaman, Nicobar & Narcondum Islands	2000	2600
	b) South Andaman (including Port Blair)	1600	2100
4.	Sikkim	2000	2600
5.	Lakshadweep Islands	2000	2600
6.	Assam	320	400
7.	Meghalaya	320	400
8.	Tripura		
	a) Difficult areas of Tripura	1600	2100
	b) Throughout Tripura except difficult areas.	1200	1500
9.	Manipur	1200	1500
10.	Arunachal Pradesh		
	a) Difficult areas of Arunachal Pradesh	2000	2600
	b) Throughout Arunachal Pradesh other than difficult areas.	1600	2100
11.	Jammu & Kashmir		
	1) Kathua District: Niabat Bani, Lohi, Malhar and Machhodi	2000	2600
	2) Udhampur District:		
	a) Dudu Basantgarh, Lander Bhamag Illaqa, other than those included in Part 2(b).	2000	2600
	b) Areas upto Goel from Kamban Side and areas upto Arnas from Keasi side in Tehsil Mohre.	1600	2100

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Sr. No.	Area	Allowances (₹)	
		Pay below ₹24,000/-	Pay above ₹24,000/-
(1)	(2)	(3)	(4)
	3) Doda District: Illaquas of Padder and Niabat Nowgam in Kishtwar Tehsil	2000	2600
	4) Leh District : All places in the District	2000	2600
	5) Barmulla District a) Entire Gurez-Nirabat, Tangdar Sub-Division and Keran Illaqua	2000	2600
	b) Matchill	1600	2100
	6) Poonch and Rajouri District : Areas in Poonch and Rajouri District excluding the towns of Poonch and Rajouri and Sunderbani and other urban areas in the two Districts	1200	1500
	7) Areas not included in (1) to (6) above, but which are within the distance of 8 kms. from the line of Actual Control or at places which may be declared as qualifying for border allowance from time-to-time by the State Government for their own staff.	1200	1500
12.	Himachal Pradesh		
	(1) Chamba District (a) Pangi Tehsil, Bharmour Tehsil, Panchayats : Badgaun, Bajol, Deol Kugti, Nayagam and Tundah, Villages: Ghatu of Gram Panchayat Jagat, Kanarsi of Gram Panchayat Chauhata	2000	2600
	(b) Bharmour Tehsil, excluding Panchayats and Villages included in (a) above.	1600	2100
	(c) Jhandru Panchayat in Bhatiyat Tehsil, Churah Tehsil, Dalhousie Town (including Banikhet proper).	1200	1500
	(2) Kinnaur District: a) Asrang, Chitkul and Hango Kuno/ Charang Panchayats, 15/ 20 Area comprising the Gram Panchayats of Chhota Khamba, Nathpa and Ruppi, Pooch Sub-Division, excluding the Panchayat Areas specified above.	2000	2600
	b) Entire District other than Areas included in (a) above.	1600	2100

Joint Note-25th May 2015



Sr. No.	Area	Allowances (₹)	
		Pay below ₹24,000/-	Pay above ₹24,000/-
(1)	(2)	(3)	(4)
	(3) Kullu District:		
	a) 15/20 Area of Nirmand Tehsil, comprising the Gram Panchayats of Kharga, Kushwar and Sarga	2000	2600
	b) Outer-Saraj (excluding villages of Jakat-Khana and Burrow in Nirmand Tehsil) and entire District excluding outer Seraj area and pargana of Pandrabis but including villages Jagat-Khana and Burrow of Tehsil Nirmand).	1200	1500
	(4) Lahaul and Spiti District : Entire area of Lahaul and Spiti	2000	2600
	(5) Shimla District :		
	a) 15/20 area of Rampur Tehsil comprising of Panchayats of Koot, Labana-Sadana, Sarpara and Chadi-Branda.	2000	2600
	b) Dora-Kawar Tehsil, Gram Panchayat of Darkali in Rampur, Kashapath Tehsil and Munish, Ghori Chaibis of Pargana Sarahan.	1600	2100
	c) Chopal Tehsil and Ghoris, Panjgaon, Patsnau, Naubis and Teen Koti of Pargana Sarahan, Deothi Gram Panchayat of Taklesh Area, Pargana Barabis, Kasba Rampur and Ghori Nog of Pargana Rampur of Rampur Tehsil, Simla Town and its suburbs (Dhalli, Jatog, Kasumpti, Mashobra, Taradevi and Tutu).	1200	1500
	(6) Kangra District:		
	a) Areas of Bara Bhangal and Chhota Bhangal	1600	2100
	b) Dharamshala Town of Kangra District and the following offices located outside the Municipal limits but included in Dharamshala Town-Women's ITI, Dari, Mechanical Workshop, Ramnagar, Child Welfare and Town and Country Planning Offices, Sakoh, CRSF Office at lower Sakoh, Kangra Milk Supply Scheme, Dugiari, HRTC Workshop, Sadher, Zonal Malaria Office, Dari, Forest Corporation Office, Shamnagar, Tea Factory, Dari, I.P.H. Sub-Division, Dan, Settlement Office, Shamnagar, Hinwa Project, Shamnagar. Palampur Town of Kangra District including	1200	1500

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Sr. No.	Area	Allowances (₹)	
		Pay below ₹24,000/-	Pay above ₹24,000/-
(1)	(2)	(3)	(4)
	HPKVV Campus at Palampur and the following offices located outside its municipal limits but included in Palampur Town – H.P. Krishi Vishwavidhalaya Campus, Cattle Development Office/Jersey Farm, Banuri, Sericulture Office/Indo-German Agriculture Workshop/HPPWD Division, Bundla, Electrical Sub-Division, Lohna, D.P.O. Corporation, Bundla, Electrical HESEE Division, Ghuggar.		
(7)	Mandi District: Chhuhar Valley of Jogindernagar Tehsil, Panchayats in thunag Tehsil-of Bagraa, Chatri, Chhotdhar, Garagushain, Gatoo, Garyas, Janjehli, Jaryar, Johar, Kalhani, Kalwan, Kholanal, Loth, Silibagi, Somachan, Thachdhar, Tachi, Thana, Panchayats of Dharampur Block- Binga, Kamlah, Saklana, Tanyar and Tarakholah, Panchayats of Karsog Tehsil – Balidhar, Bagra, Gopalpur, Khajol, Mahog, Mehudi, Manj, Pekhi, Sainj, Sarahan and Teban, Panchayats of Sundernagar Tehsil – Bohi, Batwara, Dhanyara, Paura-Kothi, Seri and Shoja.	1200	1500
(8)	Sirmaur District: Panchayats of Bani, Bakhali (Pachhad Tehsil), Bharog Bheneri (Paonta Tehsil), Birla (Nahan Tehsil), Dibber (Pachhad Tehsil) and Thana Kasoga (Nahan Tehsil) and Thansgiri Tract	1200	1500
(9)	Solan District : Mangal Panchayat.	1200	1500
(10)	Remaining areas of Himachal Pradesh not included in (1) to (9) above.	320	400
13.	Uttar Pradesh: Areas under Chamoli, Pithoragarh and Uttar Kashi Districts	2000	2600
14.	Uttarakhand: Areas under Chamoli, Pithoragarh, Uttarkashi, Rudraprayag and Champavat Districts	2000	2600

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EXISTING AND REVISED Basic Pay, CCA and HRA for officers (as on November 2012)

	EXISTING							REVISED							
	Stage	Basic Pay 9th BP	Higher CCA	Lower CCA	Major A HRA	Area I HRA	Other Places	Stage	Basic Pay	Higher CCA	Lower CCA	Major A HRA	Area I HRA	Other Places	
					8.50%	7.50%	6.50%					9.00%	8.00%	7.00%	
SCALE I	1	14500	540	375	1233	1088	943	1	23700	870	600	2133	1896	1659	
	2	15100	540	375	1284	1133	982	2	24680	870	600	2221	1974	1728	
	3	15700	540	375	1335	1178	1021	3	25660	870	600	2309	2053	1796	
	4	16300	540	375	1386	1223	1060	4	26640	870	600	2398	2131	1865	
	5	16900	540	375	1437	1268	1099	5	27620	870	600	2486	2210	1933	
	6	17500	540	375	1488	1313	1138	6	28600	870	600	2574	2288	2002	
	7	18100	540	375	1539	1358	1177	7	29580	870	600	2662	2366	2071	
	8	18700	540	375	1590	1403	1216	8	30560	870	600	2750	2445	2139	
	9	19400	540	375	1649	1455	1261	9	31705	870	600	2853	2536	2219	
	10	20100	540	375	1709	1508	1307	10	32850	870	600	2957	2628	2300	
	11	20900	540	375	1777	1568	1359	11	34160	870	600	3074	2733	2391	
	12	21700	540	375	1845	1628	1411	12	35470	870	600	3192	2838	2483	
	13	22500	540	375	1913	1688	1463	13	36780	870	600	3310	2942	2575	
	14	23300	540	375	1981	1748	1515	14	38090	870	600	3428	3047	2666	
	15	24100	540	375	2049	1808	1567	15	39400	870	600	3546	3152	2758	
	16	24900	540	375	2117	1868	1619	16	40710	870	600	3664	3257	2850	
	17	25700	540	375	2185	1928	1671	17	42020	870	600	3782	3362	2941	
	18	26500	540	375	2253	1988	1723	18	43330	870	600	3900	3466	3033	
	19	27300	540	375	2321	2048	1775	19	44640	870	600	4018	3571	3125	
	20	28100	540	375	2389	2108	1827	20	45950	870	600	4136	3676	3217	
	+1	28900	540	375	2457	2168	1879	+1	47260	870	600	4253	3781	3308	
	+2	29700	540	375	2525	2228	1931	+2	48570	870	600	4371	3886	3400	
	+3	30600	540	375	2601	2295	1989	+3	50030	870	600	4503	4002	3502	
	+4	31500	540	375	2678	2363	2048	+4	51490	870	600	4634	4119	3604	
SCALE II	1	19400	540	375	1649	1455	1261	1	31705	870	600	2853	2536	2219	
	2	20100	540	375	1709	1508	1307	2	32850	870	600	2957	2628	2300	
	3	20900	540	375	1777	1568	1359	3	34160	870	600	3074	2733	2391	
	4	21700	540	375	1845	1628	1411	4	35470	870	600	3192	2838	2483	
	5	22500	540	375	1913	1688	1463	5	36780	870	600	3310	2942	2575	
	6	23300	540	375	1981	1748	1515	6	38090	870	600	3428	3047	2666	
	7	24100	540	375	2049	1808	1567	7	39400	870	600	3546	3152	2758	
	8	24900	540	375	2117	1868	1619	8	40710	870	600	3664	3257	2850	
	9	25700	540	375	2185	1928	1671	9	42020	870	600	3782	3362	2941	
	10	26500	540	375	2253	1988	1723	10	43330	870	600	3900	3466	3033	
	11	27300	540	375	2321	2048	1775	11	44640	870	600	4018	3571	3125	
	12	28100	540	375	2389	2108	1827	12	45950	870	600	4136	3676	3217	
	13	28900	540	375	2457	2168	1879	13	47260	870	600	4253	3781	3308	
	14	29700	540	375	2525	2228	1931	14	48570	870	600	4371	3886	3400	
	15	30600	540	375	2601	2295	1989	15	50030	870	600	4503	4002	3502	
	16	31500	540	375	2678	2363	2048	16	51490	870	600	4634	4119	3604	
	+1	32400	540	375	2754	2430	2106	+1	52950	870	600	4766	4236	3707	
	+2	33300	540	375	2831	2498	2165	+2	54410	870	600	4897	4353	3809	
	+3	34200	540	375	2907	2565	2223	+3	55870	870	600	5028	4470	3911	
	+4							+4	57330						
	SCALE III	1	25700	540	375	2185	1928	1671	1	42020	870	600	3782	3362	2941
		2	26500	540	375	2253	1988	1723	2	43330	870	600	3900	3466	3033
		3	27300	540	375	2321	2048	1775	3	44640	870	600	4018	3571	3125
		4	28100	540	375	2389	2108	1827	4	45950	870	600	4136	3676	3217
5		28900	540	375	2457	2168	1879	5	47260	870	600	4253	3781	3308	
6		29700	540	375	2525	2228	1931	6	48570	870	600	4371	3886	3400	
7		30600	540	375	2601	2295	1989	7	50030	870	600	4503	4002	3502	
8		31500	540	375	2678	2363	2048	8	51490	870	600	4634	4119	3604	
+1		32400	540	375	2754	2430	2106	+1	52950	870	600	4766	4236	3707	
+2		33300	540	375	2831	2498	2165	+2	54410	870	600	4897	4353	3809	
+3		34200	540	375	2907	2565	2223	+3	55870	870	600	5028	4470	3911	
+4		35100	540	375	2984	2633	2282	+4	57330	870	600	5160	4586	4013	
+5								+5	58790						
SCALE IV		1	30600	540	375	2601	2295	1989	1	50030	870	600	4503	4002	3502
		2	31500	540	375	2678	2363	2048	2	51490	870	600	4634	4119	3604
		3	32400	540	375	2754	2430	2106	3	52950	870	600	4766	4236	3707
	4	33300	540	375	2831	2498	2165	4	54410	870	600	4897	4353	3809	
	5	34200	540	375	2907	2565	2223	5	55870	870	600	5028	4470	3911	
	6	35200	540	375	2992	2640	2288	6	57520	870	600	5177	4602	4026	
	7	36200	540	375	3077	2715	2353	7	59170	870	600	5325	4734	4142	
SCALE V	1	36200	540	375	3077	2715	2353	+1	60820						
	2	37200	540	375	3162	2790	2418	1	59170	870	600	5325	4734	4142	
	3	38200	540	375	3247	2865	2483	2	60820	870	600	5474	4866	4257	
	4	39300	540	375	3341	2948	2555	3	62470	870	600	5622	4998	4373	
	5	40400	540	375	3434	3030	2626	4	64270	870	600	5784	5142	4499	
SCALE VI	1	42000	540	375	3570	3150	2730	5	66070	870	600	5946	5286	4625	
	2	43200	540	375	3672	3240	2808	1	68680	870	600	6181	5494	4808	
	3	44400	540	375	3774	3330	2886	2	70640	870	600	6358	5651	4945	
	4	45600	540	375	3876	3420	2964	3	72600	870	600	6534	5808	5082	
	5	46800	540	375	3978	3510	3042	4	74560	870	600	6710	5965	5219	
SCALE VII	1	46800	540	375	3978	3510	3042	5	76520	870	600	6887	6122	5356	
	2	48100	540	375	4089	3608	3127	1	78640	870	600	7078	6291	5505	
	3	49400	540	375	4199	3705	3211	2	80760	870	600	7268	6461	5653	
	4	50700	540	375	4310	3803	3296	3	82880	870	600	7459	6630	5802	
	5	52000	540	375	4420	3900	3380	4	85000	870	600	7650	6800	5950	

Chart Showing REVISED Dearness Allowance payable to OFFICERS for for the quarter commencing -

Table with columns for DA@ 0.10% per Slab, Average Index (CPI), and months from Nov-12 to May-15. It is divided into seven scales (SCALE I to SCALE VII) with rows for Stage 1 through +4. Values represent various allowance components and percentages.

Chart Showing SPECIAL ALLOWANCE payable to OFFICERS for the quarter commencing -

		Nov-12	Feb-13	May-13	Aug-13	Nov-13	Feb-14	May-14	Aug-14	Nov-14	Feb-15	May-15
		10.90%	13.40%	16.00%	19.20%	24.00%	26.50%	24.90%	28.20%	33.10%	33.30%	33.70%
SCALE I	Stage	Basic Pay										
7.75% OF Basic Pay +DA thereon	1	23700	2037	2083	2131	2189	2278	2323	2294	2355	2445	2456
	2	24680	2121	2169	2219	2280	2372	2420	2389	2452	2546	2557
	3	25660	2205	2255	2307	2370	2466	2516	2484	2549	2647	2659
	4	26640	2290	2341	2395	2461	2560	2612	2579	2647	2748	2760
	5	27620	2374	2427	2483	2552	2654	2708	2674	2744	2849	2862
	6	28600	2458	2514	2571	2642	2748	2804	2768	2842	2950	2963
	7	29580	2542	2600	2659	2733	2843	2900	2863	2939	3051	3056
	8	30560	2627	2686	2747	2823	2937	2996	2958	3036	3152	3157
	9	31705	2725	2786	2850	2929	3047	3108	3069	3150	3270	3275
	10	32850	2823	2887	2953	3035	3157	3221	3180	3264	3389	3394
	11	34160	2936	3002	3071	3156	3283	3349	3307	3394	3524	3529
	12	35470	3049	3117	3189	3277	3409	3477	3433	3524	3659	3664
	13	36780	3161	3232	3307	3398	3535	3606	3560	3654	3794	3800
	14	38090	3274	3348	3424	3519	3660	3734	3687	3784	3929	3935
	15	39400	3386	3463	3542	3640	3786	3863	3814	3915	4064	4070
	16	40710	3499	3578	3660	3761	3912	3991	3941	4045	4199	4206
	17	42020	3612	3693	3778	3882	4038	4120	4067	4175	4334	4341
	18	43330	3724	3808	3895	4003	4164	4248	4194	4305	4470	4476
	19	44640	3837	3923	4013	4124	4290	4376	4321	4435	4605	4612
	20	45950	3949	4038	4131	4245	4416	4505	4448	4565	4740	4747
	+1	47260	4062	4153	4249	4366	4542	4633	4575	4696	4875	4882
	+2	48570	4174	4269	4366	4487	4668	4762	4701	4826	5010	5018
	+3	50030	4300	4397	4498	4622	4808	4905	4843	4971	5161	5168
	+4	51490	4425	4525	4629	4757	4948	5048	4984	5116	5311	5319
SCALE II	1	31705	2725	2786	2850	2929	3047	3108	3069	3150	3270	3275
	2	32850	2823	2887	2953	3035	3157	3221	3180	3264	3389	3394
	3	34160	2936	3002	3071	3156	3283	3349	3307	3394	3524	3529
	4	35470	3049	3117	3189	3277	3409	3477	3433	3524	3659	3664
	5	36780	3161	3232	3307	3398	3535	3606	3560	3654	3794	3800
	6	38090	3274	3348	3424	3519	3660	3734	3687	3784	3929	3935
	7	39400	3386	3463	3542	3640	3786	3863	3814	3915	4064	4070
	8	40710	3499	3578	3660	3761	3912	3991	3941	4045	4199	4206
	9	42020	3612	3693	3778	3882	4038	4120	4067	4175	4334	4341
	10	43330	3724	3808	3895	4003	4164	4248	4194	4305	4470	4476
	11	44640	3837	3923	4013	4124	4290	4376	4321	4435	4605	4612
	12	45950	3949	4038	4131	4245	4416	4505	4448	4565	4740	4747
	13	47260	4062	4153	4249	4366	4542	4633	4575	4696	4875	4882
	14	48570	4174	4269	4366	4487	4668	4762	4701	4826	5010	5018
	15	50030	4300	4397	4498	4622	4808	4905	4843	4971	5161	5168
	16	51490	4425	4525	4629	4757	4948	5048	4984	5116	5311	5319
	+1	52950	4551	4654	4760	4892	5088	5191	5125	5261	5462	5470
	+2	54410	4676	4782	4891	5026	5229	5334	5267	5406	5613	5621
	+3	55870	4802	4910	5023	5161	5369	5477	5408	5551	5763	5772
	+4	57330										
SCALE III	1	42020	3612	3693	3778	3882	4038	4120	4067	4175	4334	4341
	2	43330	3724	3808	3895	4003	4164	4248	4194	4305	4470	4476
	3	44640	3837	3923	4013	4124	4290	4376	4321	4435	4605	4612
	4	45950	3949	4038	4131	4245	4416	4505	4448	4565	4740	4747
	5	47260	4062	4153	4249	4366	4542	4633	4575	4696	4875	4882
	6	48570	4174	4269	4366	4487	4668	4762	4701	4826	5010	5018
	7	50030	4300	4397	4498	4622	4808	4905	4843	4971	5161	5168
	8	51490	4425	4525	4629	4757	4948	5048	4984	5116	5311	5319
	+1	52950	4551	4654	4760	4892	5088	5191	5125	5261	5462	5470
	+2	54410	4676	4782	4891	5026	5229	5334	5267	5406	5613	5621
	+3	55870	4802	4910	5023	5161	5369	5477	5408	5551	5763	5772
	+4	57330	4927	5038	5154	5296	5509	5620	5549	5696	5914	5923
	+5	58790										
SCALE IV	1	50030	5548	5673	5803	5964	6204	6329	6249	6414	6659	6669
	2	51490	5710	5839	5973	6138	6385	6513	6431	6601	6853	6864
	3	52950	5872	6005	6142	6312	6566	6698	6613	6788	7048	7058
	4	54410	6034	6170	6312	6486	6747	6883	6796	6975	7242	7253
	5	55870	6196	6336	6481	6660	6928	7068	6978	7163	7436	7447
	6	57520	6379	6523	6672	6856	7132	7276	7184	7374	7656	7667
	7	59170	6562	6710	6864	7053	7337	7485	7390	7586	7876	7887
	+1	60820										
SCALE V	1	59170	6562	6710	6864	7053	7337	7485	7390	7586	7876	7887
	2	60820	6745	6897	7055	7250	7542	7694	7596	7797	8095	8107
	3	62470	6928	7084	7247	7446	7746	7902	7803	8009	8315	8327
	4	64270	7128	7288	7455	7661	7969	8130	8027	8239	8554	8567
	5	66070	7327	7492	7664	7876	8193	8358	8252	8470	8794	8807
SCALE VI	1	68680	8378	8567	8764	9005	9368	9557	9436	9685	10055	10071
	2	70640	8617	8812	9014	9262	9635	9830	9705	9962	10342	10358
	3	72600	8856	9056	9264	9519	9903	10102	9975	10238	10629	10645
	4	74560	9096	9301	9514	9776	10170	10375	10244	10514	10916	10933
	5	76520	9335	9545	9764	10033	10437	10648	10513	10791	11203	11220
SCALE VII	1	76520	9335	9545	9764	10033	10437	10648	10513	10791	11203	11220
	2	78640	9593	9810	10034	10311	10726	10943	10804	11090	11514	11531
	3	80760	9852	10074	10305	10589	11016	11238	11096	11389	11824	11842
	4	82880	10111	10338	10575	10867	11305	11533	11387	11688	12134	12153
	5	85000	10369	10603	10846	11145	11594	11828	11678	11987	12445	12464

Enclosure to Circular No. CHO/POS/08/2015-16 dated 22/06/2015

**OPTION FORM FOR RECEIVING REVISED BASIC PENSION WITHOUT INCREMENTAL
COMMUTATION DUE TO WAGE REVISION AS PER 10TH BIPARTITE SETTLEMENT/ JOINT NOTE****dated 25/05/2015**

(To be submitted within 15 days from the date of Circular)

THROUGH UCO BANK

.....Branch (Sol Id.....)

To
The Chief Manager,
Personnel Services Department,
Pension Cell
UCO Bank, Head Office,
3&4 DD Block, Salt Lake,
Kolkata – 700 064

I retired from Bank's service with effect from _____ and am drawing Pension throughBranch. I request you to disburse revised pension and **I do not desire to claim incremental Commutation on Revised pension** as per 10th Bipartite Settlement/ joint Note dated 25/05/2015 in accordance with UCO Bank (Employees') Pension Regulations, 1995. The necessary particulars are furnished below :

1. Name in full (in block letters) Sri/Smt.: _____
 2. EMP No. and PDO No. : _____ / _____
 3. Scale / Cadre at time of retirement : _____
 4. Date of Birth (as per Bank's service record) : _____
 5. Date of Retirement : _____
 6. Class of Pension (Superannuation/ Voluntary/
Premature/ compulsory/ invalid) : _____
 7. Address with Dist./State/PIN

11. Contact No./Mobile No. : _____

Place :

Date :

(signature of the pensioner)

Attestation by Branch Head with EMP No., Date & Seal

