



आर्यावर्त बैंक

Head Office, A-2 /46, Vijay Khand, Gomti Nagar, Lucknow.

(AN UNDERTAKING OF GOVT OF INDIA, U.P. GOVT. & BANK OF INDIA)

सभी शाखाओं एवं कार्यालयों हेतु परिपत्र	
सन्दर्भ सं. प्र.का./कार्मिक एवं औ./ए.सी.	परिपत्र सं. 05/225 दिनांक :- 23-01-2024

सन्दर्भ : - बैंक के सभी सेवानिवृत्त एवं दिवंगत सदस्यों के आश्रितों हेतु समयावधि: 01-02-2024 से 31-01-2025 हेतु समूह चिकित्सा बीमा का नवीनीकरण

कृपया उक्त विषयक बैंक के पूर्व परिपत्र संख्या 04/210 दिनांक 27-01-2023 से संदर्भित हों। उक्त परिपत्र के माध्यम से पूर्व में बैंक के सेवानिवृत्त सदस्यों एवं दिवंगत सदस्यों के आश्रितों हेतु समूह चिकित्सा बीमा जो 01-02-2023 से 31-01-2024 तक प्रभावी है, लागू की गयी थी। सम्बंधित बीमा अवधि 31-01-2024 को पूर्ण हो रही है।

उपरोक्त क्रम में समूह चिकित्सा बीमा के नवीनीकरण हेतु बैंक के प्रधान कार्यालय स्तर पर ई-टेंडर किया गया जिसमें M/S National Insurance Company Limited को आगामी समयावधि 01-02-2024 से 31-01-2025 हेतु नामित किया गया है।

सम्बंधित कंपनी द्वारा आगामी समयावधि 01-02-2024 से 31-01-2025 हेतु प्रस्तुत समूह चिकित्सा बीमा प्रीमियम की दरें निम्नवत हैं-

सेवानिवृत्ति के समय पद	बीमित धनराशि	प्रीमियम धनराशि	कुल प्रीमियम धनराशि GST सहित
अधिकारी संवर्ग	Rs. 4,00,000	Rs. 55,457	Rs. 65,439.26
कार्यालय सहायक/परिचर	Rs. 3,00,000	Rs. 46,214	Rs. 54,532.52

उपरोक्त बीमाकृत धनराशि में अधोलिखित कवरेज नहीं होंगे -

- मातृत्व लाभ (Maternity Benefit)
- रु. एक लाख का क्रिटिकल इलनेस कवरेज (Separate cover for Critical Illness for 1 Lakh)
- कर्पोरेट बफर (Corporate Buffer)
- घरेलू उपचार (Domiciliary Treatment) (OPD)

पॉलिसी नवीनीकरण की नियम एवं शर्तें समाप्त हो रही समूह चिकित्सा बीमा के अनुसार पूर्ववत होगी जो अनुलग्नक-1 (Annexure-1) में उल्लिखित हैं।

उक्त क्रम में सेवानिवृत्त सदस्य एवं दिवंगत सदस्यों के आश्रित जो पूर्व समूह चिकित्सा बीमा में शामिल हैं को सलाह दी जाती है कि वे अपने पेंशन खाते में प्रीमियम धनराशि (उपरोक्त विवरण अनुसार) 29-01-2024 तक उपलब्ध करा दें जिससे उनकी प्रीमियम धनराशि सम्बंधित बीमा कंपनी को प्रेषित की जा सके। खाते में धनराशि न होने की स्थिति में सम्बंधित सदस्यों के प्रीमियम की धनराशि की कटौती नहीं की जा सकेगी जिस कारण ऐसे सदस्यों की बीमा कवरेज 31-01-2024 के पश्चात स्वतः समाप्त हो जाएगी।

उपरोक्त क्रम में ऐसे सेवानिवृत्त सदस्यों एवं दिवंगत सदस्यों के आश्रितों को जो

- समाप्त हो रही बीमा पॉलिसी में कवर नहीं हैं एवं नवीनीकृत पालिसी में शामिल होना चाहते हैं और
- समाप्त हो रही बीमा पालिसी में कवर थे एवं नवीनीकृत पालिसी में पुनः शामिल होना चाहते हैं।



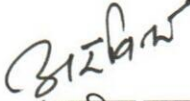
उपरोक्त दोनों ही दशाओं में सदस्यों को सलाह दी जाती है कि वे अपने विकल्प / आवेदन परिपत्र के साथ संलग्नित अनुलग्नक-II में भरकर प्रेषित करें। सम्बंधित आवेदन क्षेत्रीय कार्यालय/या पेंशन विभाग (प्रधान कार्यालय) को ईमेल -pensioncell.headoffice@aryavartbank-rrb.com को 29-01-2024 या इसके पूर्व प्रेषित करना सुनिश्चित करें। ताकि प्रीमियम राशि सम्बंधित बीमा कम्पनी को ससमय प्रेषित की जा सके। ऐसे सदस्यों का बीमा कवरेज दिनांक 01-02-2024 से प्रारम्भ होगा।

सभी क्षेत्रीय कार्यालयों / शाखाओं को सलाहित किया जाता है, कि किसी सदस्य का विकल्प प्राप्त होने पर अविलम्ब पेंशन विभाग (प्रधान कार्यालय) को सूचित करें। ताकि कोई सदस्य उक्त योजना में शामिल होने से शेष न रह जाये।

सभी शाखाओं, क्षेत्रीय कार्यालयों और कर्मचारी / सेवानिवृत्त सदस्यों के संगठनों से अनुरोध है कि अपने क्षेत्रों में उक्त समूह चिकित्सा बीमा विषयक आवश्यक सूचनाएं सभी सेवानिवृत्त सदस्यों दिवंगत सदस्यों के आश्रितों के मध्य प्रसारित करें।

सभी शाखाओं, क्षेत्रीय कार्यालयों को सलाह दी जाती है कि परिपत्र की विषयवस्तु को सभी कार्मिक सदस्यों के मध्य प्रसारित करें जिससे अधिक से अधिक सेवानिवृत्त सदस्यों एवं दिवंगत सदस्यों द्वारा समूह चिकित्सा बीमा का लाभ प्राप्त किया जा सके।




(अरविन्द कुमार सिंह)
महाप्रबन्धक

Policy Terms & Condition- GMC-Retiree - Bank

Coverage	
Details	
Policy Type:	Group Medical Insurance Policy only for Retired Employees of the Bank-Retiree
Family Definition:	Self (Retiree) + Spouse or Widow / widower of the Retired Employee
Coverage Type:	Family Floater
Sum Insured for Hospitalization:	For Retired Officers – INR 4,00,000/- For Retired Clerks/Sub-Staff – INR 3,00,000/-
Geographical Limit	Treatment taken in India only. No Zone capping to be applied.

Key Policy Terms & Conditions	
Pre-existing Diseases	Coverage from day 1
30 days Waiting Period	Waived Off
Waiting Periods on Specific Diseases	Waived Off
Hospital Room Rent:	Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding INR 5000 per day or the actual amount whichever is less.
ICU Rent:	Intensive Care Unit (ICU) expenses not exceeding INR 7500 per day or actual amount whichever is less.
Professional Charges:	Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees covered up to Sum Insured
All other expenses	No Limits for all other expenses including Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses,, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, copies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.



Policy Terms & Condition- GMC-Retiree - Bank

Key Policy Terms &	
Conditions	
Cost of Donor:	Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
Ambulance Charges:	Ambulance charges are payable up to INR 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 INR 750/- per Hospitalization. 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.
Pre and Post Hospitalization Expenses:	Expenses related to the ailment for hospitalization will be covered 30 days prior to hospitalization and 90 days after discharge.
Alternative Treatment	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 Hospitalization only in a hospital registered by the Central / State authorities
Day Care Treatment:	A) Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments. This condition will also not apply in case of stay in hospital of less than a day provided – A) The treatment is undertaken under General or Local Anaesthesia in a hospital / day care Centre in less than a day because of technological advancement and Which would have otherwise required hospitalization of more than a day.
Congenital Anomalies:	Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy
Psychiatric Ailment:	Expenses for treatment of psychiatric and psychosomatic diseases payable in IPD.
All 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.
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, or any other case where the patient is critical and requiring special care.



Policy Terms & Condition- GMC-Retiree - Bank

Key Policy Terms & Conditions

Genetic Disorder:	Treatment for Genetic disorder covered
Other Medical Treatment:	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
External and Durable Equipment:	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.
Ambulatory devices:	Walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic 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
Physiotherapy Charges:	Physiotherapy charges shall be covered for the period specified by the Medical Practitioner.
Cost of Artificial Limb:	Covered

Other

Clauses

Claim Intimation	In case of emergency hospitalization within 7 days from the time of Hospitalization/Domiciliary Hospitalization
Claim Document Submission	Within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), all claim documents should be submitted within 30 days after completion of such treatment.
Remarks	Waiver of the intimation & Document submission Conditions 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.



Policy

Exclusions

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).
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. D) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
3	Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.
4	Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
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.
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.
7	Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations
8	Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
9	Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
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.
11	Attempted suicide, war, invasion, nuclear radiation is not covered.
12	Domiciliary (OPD Treatment)



Annexure-II

Date: - -2024

To,
The General Manager/Asst. General Manager,
Regional Manager/Chief Manager,
Aryavart Bank
Office/ Regional Office-
District-

Sir,

Re: Group Medical Insurance Scheme for the Retirees and Spouse of the Retirees of the Bank.

I refer to Group Medical Insurance scheme for the Retirees and Spouse of the Retirees of the Bank.

Tick

1. Yes, I am willing to join Group Medical Insurance Scheme.

If Yes:-

Details of Self (Officer/Clerical/Sub-staff)	
Premium Option:-4 Lacs for officer- Rs. 55,457 + 9,982.26 (GST @ 18%) = Rs. 65,439.26 3 Lacs for Award Staff- Rs. 46,214 + 8,318.52 (GST @18%) = Rs. 54,532.52	
Name	
Retired Pensioner	()
Family Pensioner	()
Date of Birth	- - Age- Years
Gender	Male () Female ()
Employee Code Number/PF No.	
Mobile Number	
Designation at the time of Retirement	Officer (), Award Staff (Clerical, Sub-staff) ()
Retired from Regional Office	
Details of Spouse (Dependent) (Only Spouse details to be filled)	
Name	
Date of Birth	- - Age- Years
Gender	Male () Female ()
Address for Correspondence	
Pin Code	
Email ID	
Account number (must be of Aryavart Bank for deduction of Premium & Reimbursement of claim)	
IFS Code	B K I D O A R Y A G B

- Note-** In absence of adequate funds in the account, if premium is not deducted and remitted to insurance company, the insurance coverage for the said retiree shall stand discontinued. Therefore, it is desired that account of retiree is duly funded for deduction of the premium amount.



Declaration-

- I declare that the above information is true, to the best of my knowledge & belief and no material information has been concealed.
- I undertake that I will immediately inform to the Bank in case of any change in the status of dependents as detailed above.
- I also undertake that for payment of premium, I irrevocably authorize the Bank to debit premium amount from my account number-

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During current year and also in subsequent renewals in coming years.

- In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later.

Declare and undertaken by:

Signature

Name of applicant-

EC No/PF No.-

Retired from Region/Office;-

Designation at the time of retirement:-

(Certificate by the reporting authority)

- I hereby certify that the above information submitted by Mr/Ms.....
 (Retired staff name)..... EC No/PF No. or by spouse
 Of the referred deceased/retired staff (Name
) are true to the best of my knowledge and belief.
- The account provided above belongs to him/her and signature have been checked and verified from Records.

Signature and Seal
Regional Manager/In charge/BM
Office/Branch-
Region-
Date:

