



Aryavart Bank

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

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

Circular to all Branches/Offices	
Ref. No. HO/HR & I.L./KKS	Circular No. 02/204
	Date:- 18-01-2021

Sub: - Corrigendum to Circular no. 02/194 dated 07.01.2021 regarding Group Medical Insurance Scheme for the Retirees and Spouse of the Retirees of the Bank

Please refer to Head Office circular no. 02/194 dated 07.01.2021, vide which the policy terms & condition for Group Medical Insurance policy for the Retirees and Spouse of the Retirees of the Bank was circulated.

Further, the details mentioned in the Annexure-I (Policy Exclusion) has been updated and attached herewith as Annexure-I.

All branches, regional offices and personnel organizations of the bank and the associations are once again requested to provide all the required information and create awareness among all retired personnel in their respective areas.

It is hereby advised to sensitize the contents of the circular so that the scheme may be implemented successfully.

Encl: As above




(Satyendra Kumar)
General Manager

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 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.
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	OPD Treatment

