**ALL INDIA UCO BANK PENSIONERS’ FEDERATION**

4 NETAJI SUBHAS ROAD, 1ST FLOOR, CUBICLE NO. 172,

CHARTERED BANK BUILDING, KOLKATA- 700 001.

Circular No : AIUCBPF/06/2023-26 Dated 3rd June, 2024.

The General Secretary,

All India UCO Bank Pensioners’ Federation,

4,N.S.Road, Chartered Bank Building, 1st Floor, Cubicle -172, Kolkata-700001.

Dear Sir,

I hereby like to renew / apply for Tailor Made Group Mediclaim Policy (Excess of Loss) as arranged for between our Federation and United Insurance Co. Ltd for the year **2024 -2025 for coverage for the period 05.06.24 to 04.06.25.**

My SB A/c No,……................... at Branch ............................ has been debited by Rs. ............... (Rs ............................................................................................................ ) only by Cheque No. ................. or by Mobile banking transaction No. ............................ or by withdrawal transfer transaction No .................. dt. .............. for credit to A/c No**. 17340110015926 (All India UCO Bank Pensioners’ Federation) [UCO BANK, KOLKATA MAIN BRANCH, IFS CODE – UCBA0000190**  for Sum Assured of Rs. 2 LACS/3 LACS/5 LACS/7 LACS.

My personal details are furnished below :-

|  |  |  |
| --- | --- | --- |
| **DETAILS** | **SELF** | **SPOUSE** |
| NAME ( In Block Letters) |  |  |
| EMP NO. [Please Put correctly] |  |  |
| DATE OF BIRTH |  |  |
| SEX |  |  |
| DATE OF RETIREMENT |  |  |
| DATE OF PAYMENT OF PREMIUM |  |  |
| BANK A/C No. DEBITED |  |  |
| NAME OF THE BRANCH OF THE ACCOUNT |  |  |
| MOBILE NO. OF SELF & SPOUSE |  |  |
| HEALTH CARD NO. OF UCO BANKS’ GROUP MEDICLAIM POLICY under IBA Policy 2023-24. |  |  |
| PRESENT RESIDENTIAL ADDRESS |  |  |

I have read the terms & conditions of the Federation’s Tailor made Insurance Policy with United India Insurance Co. Ltd as stated in the annexure . I agree to the said terms & conditions and hereby undertake to abide by them as mentioned in the annexure. The information details provided above are true & correct to the best of my knowledge.

Date : Signature of the Member

We confirm that the above named pensioner is a member of our Unit.

Date : Signature of President / Secretary

AIUCBPF .............. ......... Unit

**[PLEASE SEE ANNEXURE NEXT PAGE]**

**A. PREMIUM RATE CHART** ( INCLUSIVE OF ALL TAX & CHARGES)

**For Pension Holders covered under the IBA Base Policy.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Threshold S.I as per IBA cover in Lakhs**  **( Rs**) | **No.of Life** | **Renewal Top Up Premium ( inclusive of all charges)**  **(Rs)** | | | **Inclusive of all Charges.** |
|  | | **2 Lac** | **3 Lac** | **5 Lac** | **7 Lac** |
| **3,4.5 & 6** | **SINGLE** | **6494** | **7194** | **8696** | **10425** |
|  | **DOUBLE** | **10921** | **12112** | **14790** | **17740** |
| **7 & 8** | **SINGLE** | **5530** | **6122** | **7400** | **8868** |
|  | **DOUBLE** | **9287** | **10297** | **12578** | **15137** |
| **9** | **SINGLE** | **4883** | **5404** | **6531** | **7831** |
|  | **DOUBLE** | **8205** | **9095** | **11102** | **13318** |

( Pl.mark ‘Y’ in your choice of Premium)

B. TERMS AND CONDITIONS.

The above quotes are valid as per following terms and conditions : Cover description under Uni Group Health Policy.

1. This excess of Loss Group Health Policy covers Retired Employees [ as per list submitted] of UCO Bank along with their spouses as on renewal date.
2. The sum insured is on floater basis.
3. Per family sum insured is varying – RS. 2 LACS/ RS.3 LACS/ RS.5 LACS/RS.7 LACS to be opted by members as per choice.
4. **ONLY NEW MEMBERS CAN CHOOSE THE RS.2 LACS SLAB. EXISTING MEMBERS CAN NOT OPT FOR THIS OPTION.**
5. The Scope and cover of this Policy will be identical to the IBA Base Policy excluding expenses incurred on Domiciliary and OPD Treatment.
6. Cover under this Top Up Policy will trigger only after the exhaustion of limits under IBA Base and Top Up Policy [wherever opted].
7. Mid term inclusion of member retiring during the Policy Period: allowed within 30 days from date of retirement subject to submission of proof of retirement. Premium will be charged at full for coverage of 6 months and more. Premium will be charged on pro rata basis for coverage of less than 6 months.
8. Mid term inclusion of retired members not covered in expiring Policy or retired member covered under the expiring Policy but not covered at inception:

Allowed within 90 days from the date of inception of the cover.

For all such inclusions, waiting period of 90 days (from date of inclusion) will apply for any probable claim. Premium chargeable at full.

1. Since the Coverage under EoL Policy is identical to the IBA Policy [excluding expenses incurred on Domiciliary and OPD treatment], THE POLICY WILL BE OPERATIVE ONLY IF THE MEMBER IS ALSO COVERED UNDER THE UNDERLYING IBA BASE AND/OR TOP UP POLICY [WHEREVER OPTED].
2. Expenses incurred at PPN hospitals for the procedures as listed under PPN package shall be subject to the rates applicable to PPN package pricing.
3. All premium payments under the Policy shall be accompanied with corresponding List of Lives.
4. In case of membership cessation from All India UCO Bank Pensioners’ Federation, insured person will continue to be covered under the Policy till expiry date, unless he submits a request for mid term deletion. Refund of premium for Mid term deletion of members [cessation, death, opting out etc.] will be at short period rates.

SOME POINTS TO NOTE

1. Any member willing to renew the Policy or willing to enter in the Policy will have debit his account with the amount of premium and credit the same to our Federation SB account: ALL INDIA UCO BANK PENSIONERS’ FEDERATION [ ACCOUNT NO. 17340110015926].
2. After debit of SB account of member and credit to our Federation account, concerned member will send the filled in application form by mail to [s.sarkar7039@yahoo.com](mailto:s.sarkar7039@yahoo.com) and to [ucorabighosh@gmail.com](mailto:ucorabighosh@gmail.com) OR would send the photo copy of the application form duly filled in to whatsapp numbers 9830841788 and 9674366876.

FEDERATION WILL NOT ACCEPT ANY CHEQUE OR DEMAND DRAFT [FOR DEBIT] FROM OUR WILLING MEMBERS.

1. **The State Secretaries would receive the application forms from their members duly filled in and would forward the applications [hard copies] by speed post or couriers to the following address positively by 18th June, 2024.**

SRI SUBRATA SARKAR

GENERAL SECRETARY

RESIDENCE: ANDUL CHOWDHURY PARA, P.O.ANDUL-MOURI, DISTRICT- HOWRAH-711302. [NEAR BLUE BELL NURSING HOME] MOBILE NO. 9830841788.

1. Members residing at West Bengal may submit their had copy applications physically by hand at our Association Office at 4 N.S.Road, Chartered Bank Building, 1st floor, Cubicle No.172, Kolkata -700 001, on MONDAY, WEDNESDAY, FRIDAY [ between 2 pm and 5 pm] within 18.6.2024.
2. For any query, members are free to talk to Sri Subrata Sarkar, GS, Federation [9830841788] or Sri Rabi Prasad Ghosh, State Office Bearer, UCBPA, WB [9674366876].

With best Regards,

Comradely yours,



[Subrata Sarkar]

General Secretary

Place: K O L K A T A.

Dated 3rd June, 2024.

Mob. 9830841788.