

FAMILY FLOATER GROUP HEALTH INSURANCE POLICIES FOR SBI RETIREES

(I) 'A' : FOR THE EXISTING MEMBERS OF SBIREMBS

(II) 'B' : FOR NEW RETIREES OF THE BANK & EXISTING NON MEMBERS OF SBIREMBS

The Executive Committee of Central Board of the Bank in its meeting held on 16th December, 2015 has approved two tailor-made Family Floater Group Health Insurance Policies (Policy 'A' & Policy 'B') towards medical benefits of retired employees.

3. **Group Mediclaim Policy 'A'**, will be available to the existing members of SBIREMBS on the following lines: (details of the policy 'A' placed at page-3 of **Annexure-I**).

(a) This policy will cover all the existing members of SBIREMBS, their spouses and disabled child/children, if any.

(b) All the existing members of SBIREMBS will be covered in the policy with five (5) Basic Annual Sum Insured of Rs. 1.00 lac, 2.00 lac, 3.00 lac, 4.00 lac and Rs. 5.00 lac.

(c) There will be Corporate Buffer which may be used for any member whose medical treatment cost exceeds the Individual

Sum Insured limits subject to his entitlement under SBIREMBS and availability for funds in SBIREMB Trust.

(d) Scheme details for the first year will be as under:

	(Rs. in lacs)							
REMBS Plans	A & A1	B & B1	C & C1	D & D1	E	F	G	H
REMBS Limits (Rs.)	2.00	3.00	4.00	5.00	7.00	10.00	15.00	20.00
No. of existing Members	24,400	938	633	3,963	32,493	657	139	79
Basic Sum Insured	1.00	1.00	2.00	2.00	3.00	3.00	4.00	5.00
Corporate Buffer	1.00	2.00	2.00	3.00	4.00	7.00	11.00	15.00
Room Rent* (Rs.)	5,000/-	5,000/-	5,000/-	5,000/-	6,000/-	7,000/-	9,000/-	12,000/-
ICU Rent* (Rs.)	7,500/-	7,500/-	7,500/-	7,500/-	9,000/-	10,000/-	12,000/-	15,000/-
Annual Insurance premium per family (excluding Service Tax & Swachh Bharat Cess) (in Rs.)	3,472/-	4,975/-	6,370/-	7,764/-	9,926/-	12,423/-	15,529/-	18,634/-

* Maximum Ceiling

- (e) Under **Policy 'A'** Total Annual limit (Basic Sum Insured + Corporate Buffer) of a member will not exceed the residual medical Benefit limit under existing SBIREMBS.
 - (f) All the existing members of SBIREMBS as on 31.03.2016 will be shifted to the **Policy 'A'** and the premium will be paid annually by the SBIREMB Trust to the Insurance Company by debit to 'SBIREMBT Operation Account' maintained at Madame Cama Road Branch. The policy will be renewed annually and will continue till the medical benefits to members under the scheme are fully exhausted subject to sufficiency of REMBT corpus.
 - (g) The Trust will pay the annual insurance premium in advance to the insurance company to cover all the eligible members. However, after such payment, if it is found that some members have expired or they have already exhausted their REMBS limit, names of such members will be deleted and full premium amount will be refunded by the Insurance Company in such cases.
 - (h) No employee who retire after **31.12.2015** will be admitted to SBI Retired Employees' Medical Benefit Scheme. They will have the option to join Family Floater Group Health Insurance Policy 'B' of United India Insurance Co. Ltd. However, the employees who retire on or before 31.12.2015 may be allowed to join SBIREMBS within the stipulated time schedule as prescribed in SBI Retired Employees' Medical Trust (SBIREMBT) Rules and they will be subsequently covered by Policy 'A'.
 - (i) Detailed process of migration of existing members of SBIREMBS to Group Mediclaim Policy-'A', settlement of claims and Role of TPAs are placed at **Annexure-II**.
4. **Group Mediclaim Policy 'B'** will be available to future retirees of the Bank and existing non members of SBIREMBS including spouses of employees who die/died while in service (details of the policy 'B' placed at page-6 of **Annexure-I**).
- (a) This policy will cover permanent employees of the Bank, who retire on or after **1st January, 2016** / Spouses of employees who die while in service on or after **1st January, 2016** and existing Non

members of SBIREMBS, their spouses and disabled child / children if any. There will be no age limit for joining the policy.

- (b) All the permanent employees who retire / retired from the Bank on completion of pensionable service (including VRS optees) will be allowed to join the policy [excluding those under item (e) hereinbelow]. Employees who are members of **National Pension System** will be allowed to join on completion of 20 years of confirmed service.
- (c) Surviving spouses of deceased permanent employees / pensioners will be allowed to join the policy.
- (d) The policy will also cover the pre-merger retirees / surviving spouses of pre-merger retirees/ deceased employees of erstwhile State Bank of Saurashtra (e-SBS), erstwhile State Bank of Indore (e-SBIN) and e-SBICI.
- (e) **However, employees who are / were discharged / dismissed / removed / compulsorily retired / terminated from service will not be eligible to join the policy.**
- (f) The policy will provide Sum Insured, Room rent and ICU rent as under for the 1st year :

Scheme	Sum Insured (Rs. in lac)	Room Rent (Max. ceiling) (Rs.)	ICU Rent (Max. ceiling) (Rs.)	Annual Premium per family (excluding Service Tax & Swachh Bharat Cess) (Rs.)
	'A'	'B'	'C'	'D'
A	3.00 lac	5,000/-	7,500/-	5,577/-
B	4.00 lac	5,000/-	7,500/-	7,282/-
C	5.00 lac	7,500/-	9,000/-	9,285/-
D	7.50 lac	15,000/-	18,000/-	12,677/-
E	10.00 lac	15,000/-	18,000/-	16,902/-
F	15.00 lac	15,000/-	18,000/-	25,353/-
G	20.00 lac	15,000/-	18,000/-	33,804/-
H	25.00 lac	15,000/-	18,000/-	42,255/-

- (g) New retirees / spouses of deceased employees will be allowed to join the Policy 'B' within **three months** from the date retirement / death.
- (h) **Prospective members can opt for any one of the schemes by paying the premium from their own sources.**
- (i) Sum Insured will NOT be reduced by the amount utilized during the current cover period.
- (j) **On next year's renewal they may continue with the same scheme or change the scheme by paying the applicable annual insurance premium from their own sources.**

5. **Other important instructions :**

- (a) Onetime option shall be given to eligible past retirees / surviving spouses of deceased employees / retirees of SBI, e-SBS and e-SBIN to join the Group Mediclaim Policy-'B' during the period 01.01.2016 to 31.03.2016.
- (b) Eligible applicants who are willing to join Group Mediclaim Policy-'B' are advised to visit the 'Portal for SBI Retired Employees' and click on 'Registration for Group Mediclaim Policy-B' which will be available w.e.f. 01.01.2016 and apply online on or before 31.03.2016.
- (c) In case the online process is not ready by 01.01.2016, the eligible applicants shall fill up the application form manually by downloading the same from 'Pensioners' Portal' or physical collection and submit to the pension paying branch along with 2 latest joint photographs of self and the spouse.
- (d) Details of online / offline process of joining Group Mediclaim Policy-'B', settlement of claims and Role of TPAs are placed at **Annexure-III**. Online / Offline admission process for pre-01.01.2016 retirees/spouses of deceased employees & pensioners shall remain open till **31st March, 2016. Please note**

that the Bank shall not be responsible for any delay in receipt of the application for whatsoever reasons.

- (e) Eligible new retirees / spouses of deceased employees will join the Policy 'B' within **three months** from the date retirement / death by paying the premium from their own sources on pro-rata basis by following the process detailed in Annexure-IV.
- (f) All additions of members and family members would be on payment of premium on pro-rata basis, In case, some members join the scheme sometime after the main master policy has been incepted, they would join by paying the pro-rata premium and full Sum Insured will be available to the member and his / family till the expiry of the policy.
- (g) **Insurance cover for members who pay the premium during 1st day of the month to 14th day of the month will commence from 16th day of the month. Similarly, insurance cover for members who pay the premium during 15th day of the month to the second last day of the month, will commence from 1st day of the next month.**
- (h) Premium amount along with service tax for the 1st year and subsequent renewals will be paid to the United India Insurance Co. Ltd. by debit to the pension account/other account (in case of PF optee of e-SBS, e-SBIN & members of NPS) of the applicant. The applicant shall give mandate / authorization to this effect to the Bank and maintain sufficient balance in the account till the premium is debited.
- (i) In case of non-payment of premium due to insufficiency of balance in the account of the applicant / policy holder, the mandate given by him / her would be treated as lapsed and the Bank shall not be held responsible under any circumstances for non inclusion of the concerned individuals in the insurance policy/ non renewal of the existing policy.
- (j) Bank will continue to act as per the authorization given unless the instruction otherwise is conveyed in writing by such members at least one month before the due date of premium payment.

- (k) **The Annual Premium payable is subject to change from time to time as fixed by the Insurance Company every year.**
- (l) The terms and conditions of the scheme and benefits available under the policy are subject to change from time to time as decided by the Bank every year.

**DETAILED PROCESS FOR JOINING GROUP MEDICLAIM POLICY-'B'
BY NEW RETIREES AND EXISTING MEMBERS / NON-MEMBERS OF SBIREMBS,
SURVIVING SPOUSES OF DECEASED EMPLOYEES AND PENSIONERS**

- **The applicant must possess a valid P.F. Index number (allotted by the Bank) for online application.**
- **The applicant should maintain sufficient balance in the pension account (other a/c in case of P.F. optees of e-SBS & e-SBIN) for payment of premium + service tax.**

Eligible retirees will join the Policy 'B' by submitting the application and paying the premium online with effect from 01.01.2016. In-house development of the requisite software and its linkage with SBI Pensioners' Portal will be done by SBI, GITC, Belapur. However, till such time the software is ready, the following process will be adopted:

- a) Eligible retirees will fill up the application form manually by downloading the same from 'Pensioners' Portal' or by physical collection from branches and submit to the pension paying branch along with two latest joint photographs of self and spouse.
- b) The branch will arrange for debiting the applicable insurance premium along with service tax @ + 0.50% Swachha Bharat cess and credit the same to a newly opened current account styled as '**Mediclaim Policy for SBI Retirees (Policy-'B')**' to be maintained by the concerned Zonal Office by debit to pension account of the applicant and forward the completed application forms [mentioning (a) Transaction No. (b) Date of Transaction; and (c) Amount] to concerned Zonal Office for further action.
- c) Zonal office on receiving the hardcopy of the application form from the branch, will verify the necessary details and eligibility of the

applicant and forward the same to the local branch of United India Insurance Co. with full signature of the authorized official and stamp of the office.

- d) Please note that the Insurance cover to members who pay the premium during 1st day of the month to 14th day of the month will commence from 16th day of the month. Similarly, insurance cover to members who pay the premium during 15th day of the month to the second last day of the month, will commence from 1st day of the next month. Therefore, each Zonal office will simultaneously prepare a list (as per **Annexure-V**) containing the details of the applicants and the collected premium amount and send the soft copy through email and duly signed hardcopy of the list to PPG Department, Corporate Centre and transfer the consolidated amount to the **Main Collection Account** to be maintained at **SBI Madame Cama Road Branch** at fortnightly intervals.

Email Address : dgm.pm@sbi.co.in

Current A/c No. _____

Address: The Deputy General Manager

PM & PPG DEPARTMENT,

STATE BANK OF INDIA, CORPORATE CENTRE,

16TH FLOOR, STATE BANK BHAVAN,

MADAME CAMA ROAD, NARIMAN POINT, MUMBAI-400021

- e) PPG Department at Corporate Centre, on receiving the list and the premium amount from each zonal office, collate the same and prepare a zonal office wise consolidated list and send the same to the Insurance Company along with collected premium amount (including service tax & Swachha Bharate cess) by means of a single cheque drawn on the main collection account at fortnightly intervals.
- f) On receipt of the application forms and the advance Premium, United India Insurance Co. Ltd. will arrange for issuance of Medical ID Cards to the applicants through Third Party Administrators (TPAs). E-Medical cum ID cards will be made available to the applicants within 48 hours, which can be used by them to avail Cashless / Wellness facilities of TPAs.
- g) In addition, the concerned TPAs will arrange to prepare Physical Medical cum ID (Med-ID) cards within 15 working days from the date of receipt of data by them from the concerned Insurance Company.

- h) Med-ID cards will be couriered by the TPA to the respective branch office from where the employee is getting pension. The cards may be distributed at the branch office by the Branch Manager / any other person who is made responsible for the same. Corrections in cards, if any, can be e-mailed to an email ID which will be exclusive for cards correction errors. The cards will be corrected and resent within 2 working days from the receipt of correction mail by the TPA.
- i) On receipt of the Med-ID Cards, members will start getting Cashless Medical treatment at any network hospital throughout the country or submit the claims to the same Zonal Offices through their pension paying branch and the TPA representative will be the backup support and ensure claim settlement is completed within shortest possible time. United India Insurance Co. Ltd. has assured that claims will be entertained on the basis of data in the absence of Med-ID Cards.

<p style="text-align: center;">CLAIM SETTLEMENT PROCESS UNDER POLICY 'B' & ROLE OF THIRD PARTY ADMINISTRATOR</p>

- i. Claims will be managed through the same office (Zonal Office of the pension paying branch) of the Bank from where claims under existing SBIREMBS are managed at present. The Insurance Companies / Third Party Administrator (TPA) / Anand Rathi Insurance Broker Ltd. (engaged Insurance Broker) will set up a help desk at Zonal Office centres and will be supporting the bank in clearing all the claims on real time basis.
- ii. The TPA appointed by the selected Insurance Company will station their representative at the Bank's Zonal Office centres where claims under SBIREMBS are being settled.
- iii. The TPA would have a Dedicated Office, Server and a 24 x 7 Call Centre for the existing and future retirees of SBI. Anand Rathi Insurance Broker will also have 24 x 7 call center and dedicated server.
- iv. The members would submit the claims to the same Zonal Offices through their pension paying branch and the TPA representative will be the backup support and ensure that claim settlement is

completed within shortest possible time. Turn Around Time (TAT) for settlement of claims will be as under:

Turn around Time

For Cashless Treatment : Maximum 2 to 4 hours for approval by TPA.

For reimbursement / OPD : Maximum 1 week from the date of submission of complete documents

v. TPA engaged by the Insurance Company will ensure completion of minimal formalities so that hassle free cashless medical treatment can be obtained in quick time at any network hospital.

vi. **Process of getting Cashless Treatment :**

(a) To call the Relationship Manager of the TPA and place the request for admission to preferred Network Hospital.

(b) To approach nearest Network Hospital with the medical cum ID card already given.

(c) In case the member 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 hospitalization along with ID card number and name of the member to the TPA, 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 TPA which would be working on a 24 x 7 basis.

(d) The TPA would even be able to advise the members on the nearest hospital available in their area. In case of an emergency admission to a hospital which is not in TPA's Network, the members also have a benefit to get himself admitted on a cashless basis by intimating the TPA, call centre number, mentioning his ID card No and name.

(e) Network hospital will give treatment without asking for deposit / payment of hospital bills upto the authorized amount.

(f) All the Cashless Claims would be paid directly to the hospital concerned by the TPA.

- vii. Every notice or communication regarding hospitalization or claim to be given or made under the policy shall be communicated (Telephonically /e-mail / fax / online) to the office of the Bank dealing with Medical Claims and / or the TPA's office at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization / Domiciliary Hospitalization.
- viii. If the hospital opted is not on the panel of TPA, the member may take admission to the hospital and submit the claim for reimbursement. In such a case, the hospital should satisfy the criteria of hospital as defined in the policy.

Note: Waiver of these Conditions (vii) and (viii) 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.

- ix. The reimbursement claims of pre and post hospitalization or in a few cases of actual hospitalization would be paid to the members through the Bank's Zonal Offices or directly credited to the members account.
- x. **No claims would be rejected by the insurance company / TPA unless the same is rejected by the committee comprising the Bank management, Insurance Company, TPA and M/s Anand Rathi Insurance Broker Pvt. Ltd.**
- xi. The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact. In case of rejection of claims it would go through a Committee set up of the Bank, TPA and the concerned Insurance Company unless rejected by the committee in real time the claim should not be rejected.
- xii. All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or TPA 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.

- xiii. The Insured Person shall obtain and furnish to the Zonal office of the Bank dealing with the claims / TPA 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 TPA/ Insurance Company may require in dealing with the claim.
- xiv. Any medical practitioner authorized by the Bank /Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization, if so required.
- xv. The Insurance 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.
- xvi. In case of reimbursement claim where the member has not informed the Bank's Zonal Office, he may call the 24 x 7 call centre of the TPA giving the details of their card ID number and name. In such cases the reimbursement claim should be submitted on completion of hospitalization and not later than 30 days of discharge from the hospital. In case of post-hospitalization 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 TPA, the TPA 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.
- xvii. All the reimbursement claims will be settled once in a month.
- xviii. The select TPAs and the engaged Insurance Broker M/s Anand Rathi Insurance Brokers Ltd. (ARIBL) will maintain the member wise record of settlement of claims and provide the data to Bank on exhausted / outstanding limit of the members on monthly basis.
- xix. On the basis of monthly data received from TPA / ARIBL, REMBS accounts of individual members will be updated at Zonal Offices which will help in deciding the premium at next year's renewal.

- xx. The Insurance Company / TPA will provide to each member at half yearly intervals, a statement giving details of medical expenses incurred during the cover period of _____ available.

Chief Manager (HR)
State Bank of India,
Zonal office,

Affix coloured joint photograph
of the member and spouse

Dear Sir,

SUB: Family Floater Group Health Insurance Policy for SBI Retirees

I am interested in joining the Family Floater Group Health Insurance Policy 'B' of State Bank of India and furnish the required information as under:

Sl.	Particulars	Remarks
01	P.F Index No.	
02	Name	
03	Name of the Bank	SBI/e-SBS/e-SBIN
04	Date of joining the Bank	
05	Date of confirmation in service	
06	Date of Retirement	
07	Retired as	Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II
08	Age (in years) as on the date of retirement	
09	Gender	i. Male ii. Female
10	Type	i. Pensioner ii. Family Pensioner
11	Category	<ul style="list-style-type: none"> i. SBI retirees on completion of pensionable service in the Bank. ii. Members of National Pension System on completion of 20 years of confirmed service in the Bank. iii. Spouse of SBI employee who died whilst in service or after retirement. iv. Pre-merger retirees of e-SBS and e-SBIN on completion of pensionable service in the concerned Bank. v. Surviving spouses of pre-merger retirees /deceased employees of e-SBS and e-SBIN. vi. Existing member of SBIREMBS, e-SBS REMBS and e-SBINREMBS.
12	Whether discharged / dismissed / removed / compulsorily retired /	Yes / No

	terminated from service. (Tick)									
13	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed)	Yes / No								
14	Date of Birth	dd/mm/yy								
15	Date of Death (in case of deceased employee / pensioner)	dd/mm/yy								
16	Address for communication	House No.								
		Street No.								
		Nearest Landmark								
		Post Office								
		Police Station								
		City								
		State								
	Pin Code									
17	Landline No. (with STD code)									
18	Mobile No.									
19	Email ID									
20	Name of Spouse (if any)									
21	Date of Birth of Spouse	dd/mm/yy								
22	Name of disabled Child / Children (if any). (Attach valid disability certificate issued by medical officer not below the rank of Civil Surgeon)	Sl	Name of the disabled child	Date of Birth						
				dd/mm/yy						
				dd/mm/yy						
				dd/mm/yy						
23	Name of the pension/family pension paying branch	Name of the Branch			Code No.					
24	Pension Account No. (11 digit)									
25	IFSC Code									
26	Sum Insured opting for (Please tick the appropriate Scheme) ST = Service Tax SBC = Swachh Bharat Cess	Sl	Scheme	Sum Insured	Insurance Premium					
		1	A	Rs. 3.00 lac	Rs. 5,577/- +ST+SBC					
		2	B	Rs. 4.00 lac	Rs. 7,282/- +ST+SBC					
		3	C	Rs. 5.00 lac	Rs. 9,285/- +ST+SBC					
		4	D	Rs. 7.50 lac	Rs. 12,677/- +ST+SBC					
		5	E	Rs. 10.00 lac	Rs. 16,902/- +ST+SBC					
		6	F	Rs. 15.00 lac	Rs. 25,353/- +ST+SBC					
		7	G	Rs. 20.00 lac	Rs. 33,804/- +ST+SBC					
		8	H	Rs. 25.00 lac	Rs. 42,255/- +ST+SBC					
Declaration of Nominee/s :										
I, Mr./Mrs./Ms. _____ , a retired employee / spouse of the deceased employee / pensioner of the Bank do hereby assign the money payable by "United India										

Insurance Co. Ltd.” in case of my death to Mr. / Mrs./ Ms. _____
 Relation _____ and further declare that his/her receipt shall be sufficient
 discharge of the company.

Debit Authority :

I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. _____ lac under the Family Floater Group Health Insurance policy. I hereby authorize the Bank to debit the annual insurance premium amount of Rs. _____ to my pension / family pension account No. _____ now and to renew the policy every year by debiting the renewal premium as communicated by the insurance company to my above account without further reference to me unless my intension not to renew the policy is informed to at least one month in advance of the renewal date. I undertake to keep sufficient balance in my above account for debiting current insurance / renewal premium failing which the policy may not be issued / renewed.

Place :	
Date :	Signature of Retired Employee / Spouse

For office use only

Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of the Bank and he / she has remitted the insurance premium as per the following details:

Transaction No. _____	Date : _____	Amount : _____
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State Bank of India
Name of the Forwarding Branch (Code No.):

Place :	
Date :	Signature of the Branch Manager with seal

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ACKNOWLEDGEMENT

(to be given to the applicant by the branch receiving the Form)

Received from Shri/Smt. _____

Application for membership of Family Floater Group Mediclaim Policy 'B' along with the draft No. _____ dated ____ for Rs. _____ issued by _____ and drawn on _____ for onward submission to Admin Office.

Date _____

Branch _____

Stamp of the Branch

Signature of the officer
receiving the Form