

FORMAT FOR APPLYING FOR GROUP MEDICLAIM POLICY,2020 OF ALL INDIA UCO BANK PENSIONERS' FEDERATION

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 (AIUCBPF) and United India Insurance Co. Ltd for the year **2020 -2021**.

My A/c No, (Only Pension A/c) atBranch has been debited by Rs. (Rupees 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 .A/c Mediclaim)**..... for Sum Assured of **Rs.3,00,000/- , Rs. 5,00,000/- , Rs.7,00,000/- (Rs. Three lacs/Five lacs/Seven lacs only)**

My personal details are furnished below :-

DETAILS	SELF	SPOUSE
NAME (in Block Letters)		
EMP No. (Pl. put correctly)		
DATE OF BIRTH		
SEX		
DATE OF RETIREMENT		
DATE OF PAYMENT OF PREMIUM		
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		
PRESENT RESIDENTIAL ADDRESS		

I have read the terms & conditions of the Federation's Tailor made Group 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 provided above is 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.

Signature of President / Secretary

Date:

AIUCBPF(.....Unit)

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

THRESHOLD (UNDER GROUP POLICY)	LIMIT (BANKS MEDICLAIM POLICY)	FAMILY SIZE	SUM INSURED (PROPOSED POLICY OF ALL INDIA UCO BANK PENSIONERS FEDERATION WITH UNITED INDIA INSURANCE CO.LTD)		
			RS. 3 LACS	RS. 5 LACS	RS. 7 LACS
3 LACS & 4 LACS		SINGLE MEMBER	2749	3318	3974
		FAMILY OF 2	4612	5627	6745
7 LACS		SINGLE MEMBER	2343	2827	3384
		FAMILY OF 2	3926	4789	5739
9 LACS		SINGLE MEMBER	2072	2498	2991
		FAMILY OF 2	3469	4230	5069

(Pl.mark 'Y' in your choice of Premium)

B. TERMS & CONDITIONS

- Those who have not applied for the IBA Group Medclaim Policy for retirees for the year 2019-2020 will not be eligible to be included or to apply for the subject policy proposed by ALL INDIA UCO BANK PENSIONERS FEDERATION.
- Mid-term inclusion of members retiring during this policy period from 31.03.2020 -30.03.2021 will be allowed subject to submission of proof of retirement and within 30 days 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 less than 6 months.
- The scope and cover of this policy will be identical to the IBA policy excluding expenses on Domiciliary and OPD treatment.
- The policy will operate only after exhaustion of limits under IBA base and Top up policy (wherever opted).**
- Expenses on Hospitalisation for a minimum period of 24 hrs. are admissible. However, this time limit is not applied to specific treatment, such as-

Adenoidectomy	Dilatation & Curettage	Incision of abscess	Mastoidectomy	Piles/Fistula
Appendectomy	Endoscopies	Colonoscopy	Hydrocele	Prostate
Ascetic/Pleural tapping	Excision of Cyst/Lump	Varicocelelectomy	Hysterectomy	Sinusitis
Auroplasty	Eye surgery	Wound suturing	Hernia	Tonsilectomy
Coronary Angiography	Fracture/dislocation	FESS	Parenteral chemotherapy	Liver aspiration
Coronary angioplasty	Radiotherapy	Haemodialysis	Polypectomy	Sclerotherapy
Dental Surgery	Lithotripsy	Fissurectomy/Fistulectomy	Septoplasty	Varicose Vein ligase

This condition will also not apply in case of stay in hospital of less than 24 hours provided:-

- This treatment is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs. because of technological advancement and b.) which would have otherwise required a hospitalisation of more than 24 hrs. Procedure/treatment usually done in outpatient departments are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hrs. Or carried out in Day care centres..

6. Last date of payment of Premium is 15.04.2020.

8. ALL INDIA UCO BANK PENSIONERS' FEDERATION will in no way be held responsible for non-payment of the claims whose detailed personal data does not reach our office within **30.04.2020**. **All the state secretaries and office bearers are requested to help their respective members for timely submission of personal data to our office at 4, N.S.ROAD, CHARTERED BANK BUILDING, 1ST FLOOR, ROOM NO.172, KOLKATA-700 001 within 30.4.2020 along with Transaction no. & Branch ID no. where premium has been paid.**

All State Units are requested to share this information with members of respective States. In case of need, our Office Bearers may contact with the undersigned and with Com. Rabi Prasad Ghosh (Office Bearer, WB Unit), Mob.No.9674366876(Mail Id- ucorabighosh@gmail.com

Thanks and Regards,
Sd/- SUBRATA SARKAR

General Secretary (AIUCBPF) Mob.No.9830841788.

Place. Kolkata. Dated 25.3.2020.