

HO: BR: 110:359

20th Oct, 2018

NOTICE TO ALL BRANCHES / OFFICES IN INDIA

ISSUED BY MEDICAL INSURANCE DEPT. HEAD OFFICE, BARODA

Re: Renewal of Medical Insurance Scheme for Retired officers/Employees w.e.f 01.11.2018 onwards.

We refer to Notice No:HO:HRM:110:357 dated 16th October 2018 in the above matter.

As per our existing scheme an amount of Rs.3000/- on full/prorate basis per annum shall be reimbursed towards Medical insurance premium paid by such retired (Superannuated)/Voluntary retired employees /spouse of deceased employee from the banks staff welfare fund after one month of the renewal of the policy.

The said amount of Rs.3000/-will also be reimbursed to eligible retiree/spouse of deceased employees mentioned above who have taken any other medical insurance policy from any other insurance company not limiting reimbursement of Rs.3000/- only to those opting for IBA policy. However in any case the reimbursement would be restricted to Rs.3000/- per eligible retirees/spouse of deceased employee.

HRM Deptt., Head Office, Baroda would ensure credit of Rs.3000/-to those who will renew the existing policy from United india Insurance company without any request from eligible retiree/spouse of deceased employee. Whereas other retirees who opt to take any medical insurance policy from any other insurance company may submit their claims for reimbursement Directly to Head office in proforma attached as **Annexure A**.

For any queries please feel free to contact HR Operations department at Head Office by Email at Medicalinsurance.ho@bankofbaroda.com.

A copy of the circular may be displayed on the notice board for information of all concerned. Branches are advised to guide Retired Employees of their branch/Office and offer all assistance.

Archana Pandey

Yours faithfully

Head (HRM) & CLO

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ANNEXURE-A

To,
The Head (HRM) & CLO
Bank of Baroda,
Head Office,
6th Floor, Baroda Bhavan,
R C Dutt Road,
Alkapuri, Baroda- 390007.
Dear Sir/ Madam,

13. Email address

I request you to reimburse me Rs 3000/- in respect of Medical Insurance purchased by me. I have taken a Medical Insurance Policy as per details given below:-

1.	Name of the Ex-Employee	;
2.	Employee Code Number (EC No)	:
3.	Whether covered under IBA Policy	: Yes / No
4.	Date of Cessation	:
5.	Reason of Cessation	:
6.	Last Branch / Office	:
7.	Name of Insurer	:
8.	Policy Number	;
9.	Current Policy Period	:
10). Amount of Premium Paid	:
11. A/c No in Bank of Baroda for Credit		:
12. Mobile No / Residence No		:

(Signature & Date)