



बैंक ऑफ बड़ौदा **Bank of Baroda**

HO:HR:110: 376

3<sup>rd</sup> Nov 2018

NOTICE TO ALL BRANCHES/OFFICES IN INDIA

ISSUED BY MEDICAL INSURANCE DEPT.  
HEAD OFFICE, BARODA

**Re: Retired employee Policy – extension of period for joining the scheme**

In terms of the email from the insurance company, we are extending one MORE option for THOSE WHO HAVE NOT PAID PREMIUM to be given for Joining the Policy.

Option would be Open only till 13-Nov-2018. ONLY options received ONLINE would be considered for Joining the Policy. Sufficient Balance be kept on 14-nov-2018 for debiting the account.

Email from United Insurance Company Ltd is given below.

C MALOLAN

DGM (HRM) , HO , Baroda

Sub: *Renewal of IBA Group Health Policy Of Retired Employees for the year 2018-2019,*

we are pleased to inform you that as per the request of many banks & IBA the last date for renewing /joining the IBA Group Health Insurance for Retirees is extended up to **15/11/2018** subject to the following guidelines:

1. The period for submitting option for renewing the IBA Group Health Insurance for Retirees with premium to the respective banks is extended by **15 days** from 01/11/2018 to 15/11/2018. Please note that no further extension will be given.
2. The premium along with the list is to be remitted to United India Insurance Co. in **one lot only** on 15/11/2018. No piece meal remittance shall be done.
3. The premium payable is the full premium as conveyed earlier.
4. The period of **coverage will be from 16/11/2018** till the end of the group policy i.e 31/10/2019.
5. A declaration as below shall be obtained from all retirees who has opted during the above period and shall be sent to us in original by hard copy for our records.

प्रधान कार्यालय, मानव संसाधन परिचालन, छथा तल, बड़ौदा भवन, अल्कपुरि, बड़ौदा - 390 007, भारत

Head Office, 6th Floor, HRM Deptt. Baroda Bhavan, Alkapuri, Baroda - 390 007, INDIA

ईमेल/ Email : [medicalinsurance.ho@bankofbaroda.com](mailto:medicalinsurance.ho@bankofbaroda.com)



**बैंक ऑफ़ बड़ौदा Bank of Baroda**  
**DECLARATION**

I, .....(Name of Retiree), Employee/PF no..... could not submit the option to renew/join the the IBA Group Health Insurance for Retirees for 2018-19 on or before 31/10/2018 due to some unavoidable reasons. I hereby opt to

join/renew the IBA Group Health Insurance for Retirees for 2018-19 and remit the full premium. I further agree that the period of coverage shall be from 16/11/2018 to 31/10/2019.

Place:

Signature:

Date:

Name:

Employee/PF no: