



बैंक ऑफ़ बड़ोदा **Bank of Baroda**

HO: HRM: MED: 112: २१५

30<sup>th</sup> Dec 2019

NOTICE TO ALL BRANCHES/ OFFICES IN INDIA

ISSUED BY MEDICAL INSURANCE DEPT.  
HEAD OFFICE, BADODA

Re: Renewal of Group Medical Insurance Policy for Retired officers/ Employees w.e.f. 01.11.2019 onwards.

We refer to notice No. HO: HRM: 111:295 dated 15<sup>th</sup> October 2019 in the above matter.

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

We shall be centrally crediting Rs.3000/- to those who have renew the existing IBA policy from United India Insurance Company without any request from eligible retiree/ spouse of deceased employee.

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** along with self-attested copy of the premium receipt/ policy copy.

For any query please feel free to contact HR Operation Department at Head Office by email at [swel.ho@bankofbaroda.com](mailto:swel.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.

Yours faithfully,

C Malolan  
Head – HR Operations



बैंक ऑफ़ बड़ौदा **Bank of Baroda**

Annexure - A

To,  
The Head – HR Operations  
Bank of Baroda  
Head Office  
Baroda Bhavan  
Alkapuri, Baroda – 390007

Dear Sir,

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 the details given below:-

1. Name of Ex-Employee ::
2. Employee Code Number (EC No) ::
3. Whether covered under IBA Policy ::
4. Date of Cessation ::
5. Reason of Cessation ::
6. Last Branch / Office ::
7. Name of Insurer ::
8. Policy Number (Self attested copy to be enclosed) ::
9. Current Policy Period ::
10. Amount of Premium Paid ::
11. A/c No. for Credit for credit the subsidy amount ::
12. Bank Name ::
13. IFSC Code (In case of EDB/ EVB) ::
14. Mobile No. / Residence No. ::
15. Email Address ::

(Signature & Date)