



ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್
Karnataka Grameena Bank | कर्नाटक ग्रामीण बैंक

HEAD OFFICE: BALLARI	Memo No	157/2025-26
HUMAN RESOURCES WING	Index No	43/2025-26
STAFF SECTION	Date	09.09.2025
SUB: SUBMISSION OF WILLINGNESS BY RETIREES / SPOUSE OF DECEASED RETIRED STAFF TO ENROLL INTO RETIREES' GMC HEALTH INSURANCE POLICY.		

Detailed guidelines regarding renewal of Group Health Insurance scheme to retirees and spouse of deceased retired staff members of the Bank was communicated vide Memo No. 56/2025-26 dated 21.06.2025

The insurance policy is commenced from 02.07.2025 midnight.

Policy details are as below:

Insurance Company	M/s New India Assurance Co. Ltd
Insurance Broker	M/s K M Dastur Reinsurance Brokers Pvt. Ltd
Third Party Administrator (TPA)	M/s Medi Assist India TPA Ltd.
Policy Period	02.07.2025 to 01.07.2026
Policy Terms and Conditions	May refer the Bank's website under "Tenders" section "RFQ FOR GROUP MEDICLAIM (GMC) HEALTH INSURANCE POLICY FOR RETIREES / SPOUSE OF DECEASED RETIRED STAFF MEMBERS OF KARNATAKA GRAMEENA BANK".

Further, we wish to inform that M/s New India Assurance Co. Ltd has quoted below mentioned premium rates to retirees / spouse of deceased retired staff who are willing to join the policy from 04.10.2025 till the expiry of the policy i.e. 01.07.2026.

Eligibility:

Staff members who are enrolled in the eKaGB policy which has commenced from 04.10.2024 and expires on 03.10.2025 will only be eligible for enrollment into subject policy.

Pro-rata premium:

Amount in ₹

Sum Insured	Total Premium including GST for Self Only option			Total Premium including GST for Self + Spouse Option		
	Premium	GST	Total	Premium	GST	Total
₹ 1.00 Lakh	12,244	2,204	14,448	24,232	4,362	28,594
₹ 2.00 Lakh	12,938	2,329	15,267	25,877	4,658	30,535
₹ 3.00 Lakh	14,400	2,592	16,992	28,800	5,184	33,984
₹ 4.00 Lakh	16,505	2,971	19,476	31,166	5,610	36,776

The eligible retirees / spouse of deceased retired staff who wish to enroll in the said health insurance scheme have to submit the format of enrolment as per Annexure- A & B enclosed to this Memo within 22.09.2025 through email only to the email id **insurance.rtd@kgbk.in** by scanning in PDF format.

The willingness option to join the said group health insurance policy, received after the due date i.e. 22.09.2025 are liable to be rejected and as such, the Bank shall not assume any responsibility under any circumstances for the lapse of non-coverage under the insurance Policy

Further Mid-term inclusion on pro-rata basis:

Mid-term additions on pro-rata basis in to the policy are allowed only on the following occasions:

1	From 01.01.2026 for eKaGB staff members who are retired / retiring during the calendar year 2025. - Separate Memo will be issued during December - 2025 for submission of willingness.
2	From 01.04.2026 for eKVGB staff members who are retired / retiring during the period 01.04.2025 to 31.03.2026. - Separate Memo will be issued during March - 2026 for submission of willingness.

The insurance premium of only willing members will be debited and such members shall ensure to maintain balance required towards premium amount in their respective pension drawing accounts on pension disbursement (for September - 2025) day During Office Hours (DOH).

Please note that irrespective of date of debit of premium from the willing retirees, cover under the health insurance policy will start from 04.10.2025 midnight only.

Further, it is reiterated that, the bank is just a facilitator for the payment of the premium collected from the retiree/spouse of deceased retired staff. The submission of the claim under the policy has to be made directly by the retiree/spouse of deceased retired staff to the Third Party Administrator (TPA) and the responsibility of settling the claim lies with TPA.

The retiree / spouse of deceased retired staff concerned shall solely be responsible for the costs and consequence in the event of non submission of the claims and the Bank does not assume any responsibility in this regard.

The contents of this Memo shall be brought to the notice of all the retirees/spouse of deceased retired staff drawing pension from the respective branches.

SANDEEP RANJAN VERMA
GENERAL MANAGER

To: All the Branches/Offices

Annexure - A to Memo No. 157/2025-26 dated 09.09.2025
(Irrevocable mandate for joining the health insurance policy for retired staff / spouse of deceased retired staff of Karnataka Grameena Bank)

From,
Name:
Staff No:
Address _____

PINCODE: _____
Mob No: _____

To,
The General Manager,
H R Wing, Staff Section,
Karnataka Grameena Bank,
Head Office,
Sanganakal Road, Gandhinagar,
Ballari - 583103.

Dear Sir,

Sub: Irrevocable mandate for joining the health insurance policy for retired staff / spouse of deceased retired staff of Karnataka Grameena Bank.

I am happy to note that the Bank has initiated proposal of Group health Insurance policy for the retired employees and spouse of the deceased employee.

I have gone through the Memo No. 157/2025-26 dated 09.09.2025 and the terms and conditions of the policy which is available in the Bank's website and I hereby submit my willingness to join the scheme.

Further, I am aware that the enrollment in the scheme is at my own risk and responsibility and the Bank will only facilitate for remitting premium to the insurance company.

I wish to enroll in the above scheme for a sum insured of ₹. _____ and premium of ₹. _____ under _____ (Self/Self+Spouse) option.

I hereby authorize the Bank to debit renewal/fresh enrollment premium from my SB A/c. No. _____ maintained with _____ Branch.

I shall deposit/maintain required balance amount in my SB Account. I know that in case there is no sufficient balance in my SB account I will not be covered under the subject scheme.

Yours Sincerely,

Signature _____

Date:

Name _____

Place:

Annexure - B to Memo No. 157/2025-26 dated 09.09.2025

Additional Details

1	Name of the Retiree/ spouse of deceased staff	
2	Staff Number	
3	Name of the erstwhile Bank	
4	Gender	
5	Date of Birth	
6	Age (Self)	
7	Mobile Number 1. Whatsapp Number 2. Alternate Number if any	 _____ _____
8	Spouse Name	
9	Gender of spouse	
10	Date of Birth of spouse	
11	Age (Spouse)	
12	Address for Communication	
13	Email Id (Compulsory) for correspondence	

All the above fields are mandatory.

Place:

Date:

SIGNATURE

Name: _____

Staff No: _____

सतर्कता जागरूकता सप्ताह - 2025
27 अक्टूबर 2025 से 2 नवंबर 2025 तक

**VIGILANCE AWARENESS WEEK - 2025 is being observed from 27th October 2025
to 2nd November 2025**

:: विषय / THEME::
“सतर्कता: हमारी साझा जिम्मेदारी”
"Vigilance: Our Shared Responsibility"