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	HEAD OFFICE: BALLARI HR WING : STAFF SECTION	Memo No. : 167/2024-25 Index No. : 62/2024-25 Date : 19.09.2024

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES/SPOUSE OF DECEASED RETIRED STAFF

Bank had announced Group Health Insurance scheme to Retirees and spouse of deceased retired staff members vide our Memo No. 89/2020-21 dated 27.08.2020. The said scheme was implemented and further being renewed for a period of one year.

Current insurance policy is due for renewal from 04.10.2024. Hence, the Bank had floated RFQ calling for quotations from various Insurance Companies for renewal of subject Group Health Insurance Policy.

Accordingly, the Bank has received quotations from three Insurance Companies. On completion of due tender process, M/s Reliance General Insurance Co. Ltd has emerged as L1 bidder.

Policy Renewal details are as below:

Insurance Company	M/s Reliance General Insurance Co. Ltd
Insurance Broker	M/s Anand Rathi Insurance Brokers Ltd.
Third Party Administrator (TPA)	M/s Medi Assist India TPA Ltd.
Policy Period	04.10.2024 to 03.10.2025
Policy Terms and Conditions	May refer the Bank's website under "Tenders" column "Retired staff/spouse of deceased retired staff health Insurance RFQ"

Premium details are as below:

Self only:

Sum Insured	Total Premium including GST
Rs 1.00 Lakh	24,173
Rs 2.00 Lakh	30,724
Rs 3.00 Lakh	36,479
Rs 4.00 Lakh	48,340

Self + Spouse:

Sum Insured	Total Premium including GST
Rs 1.00 Lakh	38,039
Rs 2.00 Lakh	48,346
Rs 3.00 Lakh	56,048
Rs 4.00 Lakh	61,681

Renewals/New addition:

The retired staff members/spouse of deceased retired staff who wish to renew/enroll in the said health insurance scheme (irrespective of renewal or fresh enrolment) have to submit the format of enrolment as per Annexure- A & B within **27.09.2024** through hard copy to Staff Section (Pension Cell), Head Office only. Duly signed Annexures may also be forwarded through email by scanning in PDF format to the email id **insurance.rtd@kgbk.in** only. Annexures sent to any other email id or address will not be considered.

Retirees/Spouse of deceased retired staff need to go through the following before sending willingness option for health insurance scheme:

- a. Bank is not responsible for non-coverage of members under the scheme inter alia due to following:
 1. Submission of incomplete Annexure-A & B.
 2. Any discrepancies in the said Annexures.
 3. If no clarity in the scanned copy of the Annexures.
 4. Non-Maintenance of sufficient funds in the pension drawing account to debit the premium on said date.
- b. Enrollment in the scheme is at own risk of the retiree/spouse of deceased retired staff. The responsibility of the Bank is to facilitate for payment of premium to the insurance company after collecting the same from the retiree/spouse of deceased retired staff.
- c. In case the retirees and spouse of deceased ex-staffs/ retirees who do not submit the option for the renewal of the policy before the due date, it shall be presumed that they are not interested in renewing the policy and as such the Bank shall not assume any responsibility under any circumstances for the lapse of Insurance Policy.

The insurance premium of only willing members will be auto debited and such members shall ensure to maintain balance required towards premium amount in their respective pension drawing accounts on **01.10.2024 during office hours (DOH)**.

Further, we wish to inform below details for the convenience of retired/spouse of deceased retired staff in order to have hassle free claim settlement:

- Escalation matrix of TPA : M/s Medi Assist India TPA Pvt. Ltd

Level 1	Level 2
Guru K	Anil Kumar
guru.k@mediassist.in	anilkumar.ts@mediassist.in
76191 96320	97420 27711

TPA Location 2: Bengaluru

**Address : Karnataka Gramin Bank, Banashankari Branch,
Opp. Sri Lakshmi Venkateswara Kalyana Mantapa, 23rd Cross, 2nd Stage,
Banashankari, Bengaluru - 560 070**

Level 1	Level 2
Chethankumar N	Anil Kumar
chethankumar.n@mediassist.in	anilkumar.ts@mediassist.in
88675 66076	97420 27711

- Escalation matrix of the Insurance Broker: M/s Anand Rathi Insurance Brokers Ltd.

Level 1	Level 2
Avinash T	Suresha A
avinash@rathi.com	suresha@rathi.com
97312 59925	99010 04101

The reimbursement claims along-with all the necessary records/documents need to be submitted to any of the two TPA address mentioned below.

M/S MediAssist TPA Pvt. Ltd.,
C/O Karnataka Gramin Bank,
Human Resources Wing,
Head Office,
#32, Sangankal Road,
Gandhi Nagar, Ballari 583103

Or

M/S MediAssist TPA Pvt. Ltd.,
C/O Karnataka Gramin Bank,
Banashankari Branch,
Opp. Sri Lakshmi Venkateswara Kalyana Mantapa,
23rd Cross, 2nd Stage,
Banashankari, Bengaluru - 560 070

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.

ಪ್ರಧಾನ ವ್ಯವಸ್ಥಾಪಕರು / महाप्रबंधक / GENERAL MANAGER

To: All the branches/offices

Annexure- A to Memo 167/2024-25 dated 19.09.2024

(Irrevocable mandate to the health insurance scheme for retired staff / spouse of retired staff)

From,
Name:
Staff No:
Address:

To,
The General Manager,
H R Wing, Staff Section,
Karnataka Gramin Bank,
Head Office,
Ballari - 583103

Mob No:

Dear Sir,

Sub: Irrevocable mandate to the Group Health Insurance policy to Retired Staff /Spouse of the deceased employee.

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

I have gone through the Memo No. 167/2024-25 dated 19.09.2024 and terms and conditions of the policy as mentioned 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 is only a facilitator for remitting premium to the insurance company.

I wish to enroll in the above scheme for a sum insured of Rs._____ and premium of Rs._____.

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 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,

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Date:

Place:

Annexure- B to Memo 167/2024-25 dated 19.09.2024

Additional Details

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

All above fields are mandatory.

Place:

Date:

SIGNATURE

Name: _____

Staff No: _____