



ଉତ୍କଳ ଗ୍ରାମୀଣ ବ୍ୟାଙ୍କ ଉତ୍କଳ ଗ୍ରାମୀଣ ବ୍ୟାଙ୍କ UTKAL GRAMEEN BANK

(Sponsored by State Bank of India)
(भारतीय स्टेट बैंक द्वारा प्रायोजित)
मुख्या कार्यालय, बलंगिर
प्रधान कार्यालय, बलंगिर
पो. / जि बलंगिर (ओडिशा)
पिन - 767 001
ଓଡ଼ିଶା - ୭୬୭୦୦୧

(Sponsored by State Bank of India)
Head Office, Bolangir
P.O./Dist- Bolangir (Odisha)
Pin No. - 767 001

Phone : 06652-232285 Fax : 06652-232874 E-mail : chairmanugb@sancharnet.in

PERSONNEL DEPARTMENT

Ref: Per/ 628

Date : 16.09.2021

To
ALL RETIREES / PENSIONERS / DEPENDANT SPOUSE/FAMILY PENSIONER
OF THE BANK.

Dear Sir,

**GROUP MEDICAL INSURANCE SCHEME
FOR RETIRED EMPLOYEES OF THE BANK**

We refer to our previous letter No.Per/358 dated 23.07.2021 on taking up Medical Insurance Scheme for the Retired Employees of the Bank.

2. The Group Insurance Policy in terms of the 10th BPS/7th Joint Note in 2015, has already been introduced for the existing staff in our Bank w.e.f 01/10/2020 with the Insurance coverage of Rs.4.00 lakh and Rs.3.00 for officers and clerical/sub-staff respectively. Further after the X meeting of JCC held on 08.05.2019, it was further instructed to extend the group insurance scheme to the retired officers/employees of the Bank and dependant spouse subject to payment of stipulated premium by them.

3. Accordingly the Bank has started the process of extending the medical insurance facility to the retirees and has involved some of the office bearers of the Retiree Association in online discussion/ briefings/presentations / personal contacts with various insurance brokers since March 2021.

4. However before inviting definite premium quotations from different insurance companies through the intending reinsurance firms, the number of retirees willing to join the scheme needs to be assessed.

5. So all the retired officers/ employees / dependent spouses are advised to submit the option letter in the prescribed format attached herewith within the cut-off date **15/10/2021** so that the process will get started. The form can be submitted at their nearest RO or can be sent directly to Head Office, Personnel Dept . Please note that if no communication is received by the cut off date i.e.15/10/2021, it will be assumed that he/she is not interested to join in the medical scheme now.

With good wishes.

Yours faithfully,

General Manager-III

UTKAL GRAMEEN BANK
OPTION LETTER FOR GROUP MEDICAL INSURANCE SCHEME FOR RETIRED
OFFICERS/ EMPYLOEES/DEPENDENT SPOUSE
(CUT OFF DATE OF RECIEPT AT HO-15/10/2021)

The General Manager-III,
Utkal Grameen Bank,
Bolangir.

Dear Sir,

I Sri/Smt..... an retired officer/employer/dependant spouse of the deceased staff of the Bank herewith give by option on the Group Medical Insurance Scheme which is going to be introduced by the Bank.

- I am willing to Join the Group Medical Insurance scheme of the Bank. I understand that I have to pay the stipulated premium for the said policy. I delegate authority to the committee of office bearers of the Utkal Grameen Bank Retirees' Welfare Association, Bolangir to take necessary decisions on my behalf in this matter.

Or

- I am not interested to take up the Medical Insurance Policy.

(Please Tick the appropriate Paragraph above)

Self details

NAME (in Capital Letters)			
PF Id		UGB PPO No. (If any)	
Date of Retirement			
Name of Deceased Staff (For Family pensioner only)			

Date:

(Signature)

Sri/Smt.....