

# FEDERAL BANK RETIRED OFFICERS' FORUM (FBROF)



Registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act 1955 (1) No. ER. 702/2009

(An Organizational Wing of Federal Bank Officers' Association)

(Affiliated to All India Bank Pensioners and Retirees Confederation - AIBPARC)

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FBROF E-Circular No. 35/2021-23

Dated 13.10.2022

To All Members

**Sub: Webinar Organised by IBA on Medical Insurance Scheme for Bank Retirees- 2022-23 - TODAY @ 3 PM**

It is informed by our HR Department that a Webinar is organised by IBA on the Medical Insurance Scheme where various queries received from individual Bank Retirees as well as Retirees' Associations will be clarified by officials from National Insurance Co. Ltd. We are reproducing the communication received from IBA, HR & IR department here under. The list of questions being clarified in the Webinar is appended. Members are advised to join the Webinar through the Link provided so as to get themselves clarified of the FAQ on the subject.

Yours Comradely,

Sd/-

Thomachan K T  
General Secretary

**“HR & INDUSTRIAL RELATIONS**

HR&IR/MBR/OTR/

October 11, 2022

**MD & CEOs of all member banks party to 11<sup>th</sup> Bipartite Settlement/8<sup>th</sup> Joint Note signed on 11.11.2020**

Dear Sir/Madam,

**Webinar on the Medical Insurance Scheme for Bank Retirees- 2022-23**

We refer to our letter dated 27.09.2022, whereby we have informed the quotes of premium to be paid for the arrangement of Group Medical Insurance Policies for retired bank employees for the Year 2022-23. In this connection, we are in receipt of various queries from individual bank retirees as well as retiree associations.

2. Based on the queries, we have prepared a consolidated list (copy attached) which is forwarded to National Insurance Co. Ltd (NICL). We have also arranged a Knowledge session (Webinar) on the Medical Insurance Scheme on **13.10.2022, 3.00 p.m.**, wherein Officials from National Insurance Co. Ltd. shall endeavour to arrange response to the list of queries. If there are any other queries, the same may be forwarded to [a.hrir@iba.org.in](mailto:a.hrir@iba.org.in) by 11.10.2022. The participants may join the same through a “You Tube link” which shall have live streaming. The recordings of the meeting shall be available in YouTube, after the meeting also.

3. Banks may please bring the contents of this letter to all nodal officers of the Medical Insurance Scheme, as well as their bank retirees. We request that special efforts may be taken for widespread circulation of this information so that maximum retirees may attend the webinar.

4. The link for Live Streaming of the Webinar is as under :-

<https://youtu.be/wd8GEIWBK0g>

Time :- 3.00 p.m. to 3.30 p.m. on Thursday, 13.10.2022

Yours faithfully,

**Brajeshwar Sharma**  
Senior Advisor (HR&IR)”

## QUESTIONS FOR PROPOSED WEBINAR WITH NICL

1. We should have a copy of the proposed policy in advance so that we know what are the inclusions / exclusions, room rent entitlement, co-pay, etc.
2. If we now take a base policy of Rs 2 Lakh this year, can we increase the BASE POLICY Amount WITH OR WITHOUT SUPER TOP UP Policy next year (ie., for 2023-24)? Or will there be any restrictions or caps?
3. Will the upcoming policy for 2022-23 cover targeted immunotherapy for cancer patients? Will there be any cap for the same?
4. If I decide not to take upcoming policy under the IBA arrangement this year, can I join the GMIS next year with full freedom or will there be any restrictions / waiting periods / caps for making claims, etc., on re-joining?
5. We can request for flexibility in base policy to take cover with super Top up policy? That is, can there be a relaxation in the base policy amount in order to be eligible for taking a Super Top Up?
6. Is there a possibility of reduction in insurance premium at par with Star Medical Insurance – they are charging approx. Rs 15,000 for a cover of Rs 10 lakhs.
7. Can NICL introduce a 'No claim discount' it would be of benefit all those people who pay hefty premia, but do not have any claims during the year?
8. Presently all the vulnerable insured are grouped under Retirees Policy, who shoulder the maximum burden. The younger and healthier group has a separate policy. NICL should work out the actuarial impact on combining the two policies (ie: For Employees and Retirees) as one Corporate Entity and workout the claim outlay and refix viable Premium rates. I am sure, if many other Insurance Companies can provide floater policies with much lower premium for age group from 18 years to 80 years or more, IBA-sponsored NICL Policy should be able to reduce premium level after doing actuarial impact study.
9. Single premium benefit should be made available to the retired staff (only for self) even where the spouse is alive and has alternate medical insurance and does not need floater cover.
10. GMIS premium can be reduced substantially with some percentage of, say 10-15%, as co-pay, as an additional option.
11. For any serious ailments like heart, liver, kidney etc., only 25% should be contributed by proposer ie., patient Cancer to be given full cover. Most important is to consider giving single coverage if spouse is other way covered.
12. Can the insurance company add one comprehensive health checkup for the insured any time during the currency of policy year?
13. Premium for those slabs in Base policy, for which the benefit of low super Top premium benefit is not available, can be substantially reduced ie: For Officers, Premium for Rs.1,00,000 to Rs.3,00,000 and for Award Staff for Rs.1,00,000 and Rs.2,00,000. .
14. Large number of retirees not being IT savvy, uploading claim documents would be difficult. Therefore physical submission of documents to the designated addresses, including local offices of TPA, should continue.
15. Claim related communication, including full reasons of rejection or partial disallowance, should be directly sent by the TPA to the retiree through email/SMS, instead of to BOI HO. Sufficient time should be allowed for submission.
16. Policy Annexure, where ceiling on various specified ailments is fixed is notified, should also be provided to all the retirees.
17. Premium paid receipts should be automatically emailed to the retirees before December-end.
18. With such high premium proposed, NICL should cover all the critical illness in the proposed policy without a cap.
19. Top up should be allowed at least for equal amount of our option. For example, if we opt for Rs.2 lakh, the top up should also be allowed for Rs.2 lakh
20. A review of the premium structure by at least 10% would encourage many not to leave the Group. Feedback indicates there will be large scale reduction in the number of applicants.