



Human Resources Administration Division,
Human Resources Department, Central Office, Mumbai

STAFF CIRCULAR NO.07418

Date: April 7th, 2021

To All Branches/ Offices

Group Insurance Cover for Staff Loans Accounts
viz. Staff Housing, Staff Vehicle (Active & Retired Staff)&Staff Overdraft (Active Staff)Policy Period- 01.04.2021 to 31.03.2022
(Medical Examination for retired staff & General Instructions to Branches)

Attention is drawn to Staff Circular No. 7411 dated 01.04.2021 vide which various frequent asked questions related to 'Group Insurance Cover for Staff Loans viz. Staff Housing, Staff Vehicle (Active & Retired Staff) & Staff Overdraft (Active Staff) (Policy Period-01.04.2021 to 31.03.2022)' were circulated.

It was conveyed in the aforesaid Staff Circular that one of the advantage of being covered under the group insurance scheme is exemption of medical examination till the age of 64 yrs.

However, **Medical examination will be conducted for the retired staff who had completed 65 yrs of age as on 01.04.2021 (born on or before 01.04.1956)**, which will be scheduled & borne by the insurer i.e SUD Life. An intimation will be sent to such retired staff by SUD Life and its appointed representatives will contact them for fixing medical tests appointments. Hence, all retired staff members, coming under aforesaid criteria, are requested to send us the requisite details in the format given as Annexure-I, latest by 17.04.2020 on the email id staffloan.insurance@unionbankofindia.com. The documents on Standard Operation Procedure (Medical cases) as issued by SUDLIFE is enclosed as Annexure-II. All concerned are requested to read carefully the instructions as mentioned in Annexure-II for smooth & timely completion of their medical tests. As mentioned under Annexure-II, there will be 3 scenarios after medical examination depending upon the results of the medical test of such retired staff members which are reproduced as under:

- **Policy will be issued as Standard - If after medical examination no adverse medical issues found:**
In such cases, retired staff will be allowed to be covered under the Group insurance cover as per the existing rates.
- **Policy will be rated up (Additional premium to be paid) - If after medical examination any adverse medical issues are found:**
In such cases, insurer may permit them to join the group insurance scheme by paying additional premium as informed by the insurer over the existing rates. Such retired staff will have the option to join the group insurance scheme by paying revised premium or may



opt out from the scheme. If such retired staff opted to pay additional premium, the same will be debited from the respective loan accounts of the staff. However, if such retirees chooses to opt out of the scheme, the insurance premium amount already debited from the loan accounts of the staff will be refunded in the respective staff loan account.

- **Policy will be declined/ postponed - If after medical examination, any adverse medical issues found, which is not acceptable to the insurer:**

In such cases, insurer may not allow retirees to join under the group insurance cover. Hence, the insurance premium amount already debited from the loan accounts of such staff will be refunded in the respective staff loan account.

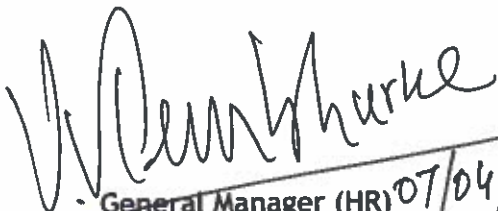
The format of the medical & COVID-19 Questionnaire, which is required to be mandatorily submitted by all retired staff who are coming under the aforesaid criteria of medical examination are enclosed as Annexure-III & Annexure-IV respectively.

GENERAL INSTRUCTIONS TO THE BRANCHES:

All Branch Heads are advised to ensure that all the staff loan accounts under their branches should mandatorily be covered under the group insurance scheme and insurance premium is debited from their respective loan accounts. In case of any non-deduction of insurance premium/ additions / disbursement of staff loan accounts during the policy period, the details of the same should be sent to us in the format as enclosed under Annexure-V on the email id staffloan.insurance@unionbankofindia.com on daily basis under intimation to respective Regional Office/ FGMO. Please refer Staff Circular No. 7396 dated 24.03.2021 for details. In the same circular i.e. 07396, it was also advised that due to addition/ disbursement/ enhancement in the staff loan accounts during the group insurance policy period, insurance premium amount is to be calculated on pro-rata basis & credited into Sundry Deposit-Staff Loan Insurance (Account Number 800102850070150) of HRAD, CO. However, being an office account, branches may not be in a position to directly credit the premium amount in this Sundry Deposit -Staff Loan Insurance Account. Hence, all branches are advised to credit the group insurance premium amount to Digital Authority Cheque Account (DAC-800108090001000) of HRAD, Central Office with full particulars.

Further, as, group insurance coverage is mandatory vide staff circular no. 07396 dated 24.03.2021, the same should also be incorporated in the sanction advise by the sanctioning authorities while sanctioning staff loans.

Hence, all are advised to take a careful note of the same and the content of this circular may kindly be brought to the notice of the concerned.


General Manager (HR) 07/04/21

ANNEXURE-I

DETAILS OF STAFF COMPELTED MORE THAN 64 YRS OF AGE AS ON 31.03.2021

Particulars	Details
Employee No.	
Name	
Gender	
Date of Birth	
Loan A/c No. (Please mention all loan accounts coming under staff category)	
Loan A/c Type (SHL/ SVL)	
Email id	
Mobile No.	
Residential Address of the Staff	

Signature of Staff:

Date:





Standard Operation Procedure (Medical Cases)

Background:

- Medical examination will be conducted for the retired staff whose age is above 64 years as per the terms and conditions agreed upon.
- Free Cover Limit (FCL) is available upto 64 years as on last birthday

Role of the Master Policy holder (Bank):

- The Master Policy holder will arrange to provide details of the retired staff to SUD Life for the purpose of conducting medical tests. The details include-Name, Address, Mobile no., Alternate Contact No., Email address, Employee id, Sum Assured, Gender, Type of Loan etc.
- An intimation will be sent to the retired staff by the Master Policy holder informing them that SUD Life/ it's Appointed representative will be contacting them for fixing medical tests appointments.
- All retired staff will have to mandatorily fill the Medical Questionnaire and Covid-19 Questionnaire. (Refer attachment)

Role of SUD Life:

- SUD Life has appointed Third Party Administrators (TPAs) who will contact the retired staff for fixing medical appointments.
- The appointments will be confirmed either through SMS or email based on the retired staff convenience.
- The retired staff will have to visit the designated Diagnostic Centre for conducting the medical tests as per the appointment with the necessary photo identification (PAN Card, Aadhaar Card, Driving Licence, Passport etc.)
- Post the medical tests are completed SUD Life will carry out the Underwriting procedure basis the internal guidelines.
- The following 3 scenarios will emerge post the underwriting decision-
 - Policy will be issued as Standard
 - Policy will be declined/postponed
 - Policy will be rated up (Additional premium to be paid)
- The underwriting decision will be communicated to the Master Policy holder as well as the retired staff.
- Post receipt of additional premium in case of rate up, the policy will be issued and decision communicated to the Master Policy holder and the retired staff.





- o The Risk Commencement date will be the UW decision date in case of Standard cases and in case of rate up cases the date of receipt of additional premium.

Medical Tests:

- o The medicals tests will be carried out basis the Medical Grid which is defined as per underwriting guidelines.
- o Post completion of medicals the underwriting decision will be communicated within 7 working days from receipt of documents with all requirements on a best effort basis.

Point of Contact:

Queries related to the medical tests and any other aspects related to the insurance policy can be addressed to the dedicated email id- groupubi@sudlife.in



MEDICAL QUESTIONNAIRE

PERSONAL DETAILS OF LIFE TO BE INSURED				
Tobacco Habits		Consumption of alcohol		
Chewing Tobacco / Gutka	Using Tobacco toothpaste	Yes	(If YES, kindly give below details of alcohol consumption per day)	
Smoking	None	No		
Frequency of tobacco intake per day		Alcohol consumption per day		
Height in Cms		Weight in Kgs		
Do you engage or intend to engage in any aerial flight other than a fare-paying passenger on a commercial airline, sports, races, business or occupation or any hobby of a hazardous nature?			Yes	No
Has any of your applications for reinstatement for life, health or accident insurance with Star Union Dai-Ichi Life Insurance company, or any other insurance company, ever been declined, deferred, withdrawn or accepted at extra premium or reduced cover?			Yes	No

FAMILY HISTORY OF LIFE TO BE INSURED

	Living		Deceased	
	Age(s)	State of Health	Age(s) at death	Cause of death
Father				
Mother				
Brothers				
Sisters				
Spouse				
Children				
Have the parents / brothers / sisters of the life to be insured suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary/familial disorders? If YES, kindly give details			Yes	No
Have the parents / brothers / sisters / spouse / children of the life to be insured suffered from or died of any contagious diseases such as tuberculosis, hepatitis, AIDS / HIV etc. ? If YES, kindly give details			Yes	No

MEDICAL HISTORY OF THE LIFE TO BE INSURED

DURING THE LAST THREE YEARS		
a) Has the life to be insured consulted a Medical Practitioner for any ailment /injury requiring treatment for more than 7 days ?	Yes	No
b) Has the life to be insured remained absent from his/her place of work for more	Yes	No



than 7 days, on health grounds or claimed against his/her health insurance policies?				
c) Has the life to be insured undergone any cardiological / pathological or radiological tests, other than routine testing for insurance or employment?		Yes	No	
DURING LIFETIME (Have you ever sought advice or suffered from any of the following?)				
a) High or low blood pressure, rheumatic fever, chest pain, myocardial infarction or any other disease or disorder of the heart or arteries?		Yes	No	
b) Jaundice, anaemia, piles, ulcers, dysentery, diabetes mellitus or any other disease of the stomach, liver, spleen, gall bladder or pancreas or any other gastrointestinal disorder?		Yes	No	
c) Asthma, bronchitis, pleurisy, tuberculosis or any other disease or disorder of lungs or any other respiratory related illness?		Yes	No	
d) Paralysis, epilepsy, fits or any kind of nervous breakdown or any other disease related to the brain or the nervous system or arthritic, skeletal or joint disorders?		Yes	No	
e) Any disease or disorder of ear, nose, eyes or throat, including defective sight or hearing and discharge from ears?		Yes	No	
f) Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?		Yes	No	
g) Any disease or disorder of kidney, prostate, urinary system or reproductive system?		Yes	No	
h) Hernia, hydrocele, goitre, gonorrhoea, syphilis or any other venereal disease?		Yes	No	
i) Any other illness/impairment/disability not mentioned above?		Yes	No	
j) Is the life to be insured or partner HIV positive or suffering from AIDS, hepatitis?		Yes	No	
k) Has the life to be insured or partner ever been tested for HIV/hepatitis, other than routine testing for insurance or employment?		Yes	No	
l) Does the life to be insured have any physical defect/ deformity or any medical condition such as but not limited to any internal or external congenital or genetic disease?		Yes	No	
m) Has the life to be insured ever had any accident requiring hospitalization or undergone any treatment or operation for any ailment not mentioned above?		Yes	No	
If the answer to any of the above questions 4 and 5 is YES, kindly furnish details below				
Sr.No	Nature of ailment /disease etc	Date of Diagnosis	Fully recovered / still under treatment	Name, Address and Telephone Number of the attending Physician

FOR FEMALE LIVES TO BE INSURED ONLY			
a) Is the life to be insured pregnant now?		Yes	No
b) Has the life to be insured had any abortion or miscarriage or caesarian section		Yes	No
If the answer to a) or b) above is "YES" then please give details			



COVID-19 (Coronavirus) Exposure Questionnaire

Applicant's Name	Application Number:
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Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide details.

Yes No

2. Have you ever been quarantined due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide dates and locations.

Yes No

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARS-CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?

Yes No

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis.

Yes No



5. Have you experienced any of the following symptoms within the last 14 days?

- Any fever
- Cough
- Shortness of breath
- Malaise (flu-like tiredness)
- Rhinorrhea (mucus discharge from the nose)
- Sore throat
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

If yes, to any of these, please indicate which and provide full information.

6. Travel Declaration

a. Please provide your travel patterns over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

b. Please detail your intended future travel plans for the next 30 days:

COUNTRY	CITY	DATE ARRIVAL	INTENDED DURATION

7. Are you currently in good health?

Yes No

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Signed at _____ on this day _____ of _____, _____

Applicant Signature



ANNEXURE-V

Format-A - For Addition of Staff Loan Accounts

Branch Name:	
Sol ID:	
RO:	
FGMO:	

Sr. No.	Emp. ID	Emp Name	Cust ID	Loan Account No.	Type of Loan (Staff Housing Loan / Vehicle Loan/ Staff Overdraft)	Old Sanctioned Limit	New Sanctioned Limit	Outstanding	Premium Amt.	Premium deduction txn no.	Transaction date	Reason for Additon (New Sanction/ enhancement/ disbursement)

Format-B- Deletion of Staff Loan A/c

Emp. ID	Emp Name	Cust ID	Loan Account No.	Type of Loan A/c (Staff Housing Loan / Vehicle Loan/ Staff Overdraft)	Reason for Closure	Date of Closure

Sign of BH:

Branch Head Name

Contact No.

Stamp

