

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

STAFF CIRCULAR NO. 8231

Date: 30.03.2024

To All Branches/ Offices

<u>Viz. Staff Housing, Staff Vehicle (Active & Retired Staff) & Staff Overdraft (Active Staff)</u> Policy Period- 01.04.2024 to 31.03.2025

1. Introduction:

Attention is drawn to Staff Circular No. 7368 dated 17.02.2021, 07396 dated 24.03.2021, 07655 dated 31.03.2022, 07935 dated 27.03.2023 & other subsequent circulars vide which modalities of the "Group Insurance Cover for Staff Loans viz. Housing, Vehicle and Staff Overdraft' were conveyed. The objective of the Group Insurance Scheme is to safeguard the bereaved families in the instances of untimely demise of an employee.

The existing Group Insurance Scheme for staff loans is from 01.04.2023 to 31.03.2024. As the existing Group Insurance Scheme is valid up to 31.03.2024, it is essential to cover the staff loans accounts for continuing the benefit of the Group Insurance Scheme. Hence, the modalities of the Group Insurance Scheme for the policy period 01.04.2024 to 31.03.2025 is finalized and the same is produced in this circular.

2. Applicability:

- All staff loans accounts including Staff Housing, Staff Conveyance and Staff Overdraft are mandatorily covered under Group Insurance Scheme.
- If Employees having joint account with Spouse only the first account holder will be covered under the scheme.
- Subsequent sanctions, enhancements and disbursements will also be covered under the scheme by paying insurance premium amount on pro-rata basis.
- The insurance premium amount of the staff loan accounts of retired staff members who
 are more than 65 years of age as on 31.03.2024, shall be debited only after completion
 of their medical examination & obtaining confirmation of the Insurer regarding their
 eligibility under Group Insurance Scheme.

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3. Insurer:

M/s India First Life Insurance Company Limited will be Insurer for Staff Loans viz. Staff Housing Loans, Staff Vehicles Loan & Staff Overdraft Loans.

4. Insurance Premium Rates:

The insurance premium rates for the policy period 01.04.2024 to 31.03.2025 are as under:

Type of Loan	Rates
Staff Housing Loan (SHL)	Rs. 1.83 + GST per thousand
Staff Vehicle Loan (SVL)	Rs. 1.83 + GST per thousand
Staff Overdraft (SOD)	Rs. 1.83 + GST per thousand

5. Tenure:

The validity of this Group Insurance Scheme for all Staff Loans will be from 01.04.2024 to 31.03.2025.

6. Sum Assured:

The quantum of sum assured for staff loan accounts will be as under:

- <u>Staff Housing Loan</u>: Actual outstanding loan amount as on the date of policy premium payment.
- <u>Staff Vehicle Loan</u>: Actual outstanding loan amount as on the date of policy premium payment.
- Staff Overdraft: Actual Overdraft limit sanctioned (irrespective of outstanding balance).

7. Deduction of Premium:

The premium in the existing staff loan accounts will be debited on 01.04.2024 through backend process. However, subsequent disbursements/ additions in the staff loan accounts shall be auto debited on pro rata basis.

8. Payment & Adjustment of Insurance Premium:

The insurance premium amount will be directly deducted from the respective staff loan accounts. Hence, it will be the responsibility of the concerned staff to adjust full amount debited from their staff loan accounts within one month through their own sources.

Or

By availing Interest Free Advance facility provided by the Bank, if the staff is unable to manage the premium from his/ her own sources. The details of Interest Free Advance Scheme will be conveyed in due course.

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9. Claim Procedure:

In case of untimely demise of the staff member, the concerned branch where the said staff loan account is maintained or the Regional Office under which the staff was posted are required to send the claim form along with the death certificate issued by Government Authority & certificate of the hospital (if the Place of death is Hospital) on the email id staffloan.insurance@unionbankofindia.bank. The claim form is being attached as Annexure I with this circular.

10. Claim Settlement:

Human Resources Administrative Division, CO will take up the claim with insurance company. Insurance company will pay the settlement amount directly to the Bank. Bank after adjusting the outstanding amount in various loan accounts, will pay the balance amount, if any, to the nominee of the concerned employee.

11. Operational guidelines:

- It is the responsibility of the Branch head, where staff loan A/c is maintained to ensure that the insurance premium amount deducted from the loan account is settled by the staff within 1 month of deduction, either from his/her own sources or by availing the facility of Interest Free Advance Facility Scheme. If any staff fails to do so, such Branch Heads should inform the details of such staff along with the loan details to HRAD on the email id staffloan.insurance@unionbankofindia.bank by 5th of the next month.
- In case of closure of any staff loan a/c during the policy period, details should also be sent
 to HRAD, CO on email id staffloan.insurance@unionbankofindia.bank for arranging refund
 of the premium amount on pro-rata basis.
- As, the purpose of the Group Insurance Scheme is to protect the bereaved family members
 from financial hardship at the time of any untimely demise of the staff, all staff members
 (active or retired) should ensure that their staff loan accounts are covered under the
 scheme including new sanction/ enhancement/ disbursement during the policy period i.e.
 01.04.2024 to 31.03.2025. Please note that failure to add eligible staff loans in time may
 result in rejection of claims from the insurer.
- The retired Employees who are more than 65 years of age as on 31.03.2024 will be contacted by Insurer for their medical examination & will arrange the same at nearby place of their residence and they are requested to complete their medical examination within 3 months from 01.04.2024. For any further clarification/queries related to medical examination, retired employees may contact to representative of insurer on below mention Toll free Number which is especially dedicated for Union Bank of India retired employees:

Toll Free No.: 6364221431

> Operational Timing: 10:00 am to 5:00 pm

Operational Days: Monday to Saturday

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 Any clarifications regarding the Group Insurance Cover for staff loan accounts shall be issued by HRAD, Central Office. The contact details are as under:

IP No. 116566/116241

Landline: 022-22896280

 The contents of this circular may kindly be brought to the notice of all the employees (serving as well as retired).

General Manager (HR)

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Claim Intimation form - Group Term Life

Disclaimer: All claim payments would be made through the electronic fund transfer only. (Issuance of this form does not amount to admission of any claim/liability under the policy on the part of the insurers.) Please attach this form fully completed along with original death certificate to help us process your claim promptly. IndiaFirst does not demand any kind of fees to process claims. Please connect with our customer service team at 1800 209 8700, if any such demand is made.

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		Comp. Topolis	
Master Polocyholder's Name:		Group Term Lif Policy number:	
		Tolley hamber.	
Membership no / Certificate of Insurance no:	Contract the contract of the contract of	Sum Assured:	
Member's (Life Assured) Details			
Name:			
Date of birth: D D M M Y Y Y Y Date of death: D	D M M Y Y Y	Y Place of death:	
Gender: Male Female Time of death:	Duration of	Ilness which lead to death: Day	Month Yrs
Cause of death:	Occup	pation:	
Address:			
City: Pin code:		State:	
Claimant's/ Nominee's Details.			
Name:			
Current Residential Address:			
E Mail ID:		Date	e of birth: D D M M Y Y Y
Contact No: Residential		Mobil	
Bank Account Details of Claimant: Bank Name -		TTTTT	
(Please enclose a copy of Bank Passbook / Bank Statement)			
A/C No:		IFSC Code	
Claimant's relationship with the life assured (Check Relevant Option)	:		
Son: Daughter: Father: Mother:	Spouse : Others	(Please specify) :	
Doctor's details (In case of death to medical reason):			
Name:			
Address:			
		State:	
	Mobile:	State:	
City: Pin code: Contact No: Residential	Mobile:	State:	
City: Pin code: Contact No: Residential Other doctors/specialists/hospitals consulted			Pages for consultation (edining)
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I hereby declare and confirm that I am the rightful claimant/ Nominee's of this plan and that the details provided above are correct and true to the best of my knowledge. I have not withheld any relevant information and believe that the deceased is the same person as the life assured under the plan issued by IndiaFirst Life Insurance Company Ltd.

Through this statement, I authorize any hospital, institution, nursing home, medical clinic or medical practitioner who has treated or examined the deceased to provide I ndiaFirst/any court of law/ any grievance redressal forum with any medical information regarding the deceased's state of health which he/she may have acquired before or after the issuance of the plan on its request This authorization is notwithstanding any law, custom or usage for the time being in force which prohibits any physician or hospital from divulging any knowledge or information, acquired by him/them in attending upon or examining a person on the ground of secrecy.

Further, I authorize any insurance company, government organization, employer, other organization, institution or person to release to IndiaFIrst or its duly authorized representatives any record or knowledge about deceased. Such information shall without limitation include information about deceased's health (including any information relating to the use of drugs or alcohol, Al OS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, including any accounting information of the life assured's account. Lastly, I declare that I am entitled to make the above authorizations and agree to help IndiaFirst or its duly authorized representatives to gather any information and use it as may be deemed fit to help process this claim.

Mode of	Payment (Mandatory to be filled):				
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Bank nam	ne	, = = -	Branch		
Account	number		Type of account		
IFSC code	е	-	MICR Code		
Name as	per Bank Records				
is manda	atory to provide a cancelled cheque and	copy of bank pass boo	ok & A/C statement.	_	
	: The payout mode selected in this for the terms and condition of the policy.	m would be used by	the company to make all payou	ut(s) to the claimant. Payouts would be	e in accordance and
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IndiaFirst Life Insurance Company Ltd.,

12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center, Western Express Highway, Goregaon (East), Mumbai – 400063, IRDAI Reg. No. 143. CIN: U66010MH2008PLC183679.

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