

यूनियन बैंक ऑफ इंडिया
केन्द्रीय कार्यालय : कार्मिक प्रशासन अनुभाग

239, विधान भवन मार्ग, यूनियन बैंक भवन, मुम्बई - 400 021.

स्टाफ परिपत्र क्रमांक: 4901

दिनांक: 04 अक्टूबर, 2002

प्रति,
सभी शाखाएं / कार्यालय

स्टाफ कल्याणकारी उपाय
नयी कल्याण योजना का शुभारम्भ
यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी
चिकित्सा सहायता योजना (यूबीआईआरईएमएस)

हम सभी स्टाफ-सदस्यों को सहर्ष सूचित करते हैं कि केन्द्रीय कार्यालय में दिनांक 24.09.2002 को आयोजित स्टाफ कल्याण समिति की बैठक में हमारे सेवानिवृत्त सहकर्मियों के लाभार्थ एक नयी कल्याण योजना के शुभारम्भ को अनुमोदित किया गया। यह योजना यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी चिकित्सा सहायता योजना (यूबीआईआरईएमएस) के नाम से बुलाई जायेगी।

इस योजना की प्रमुख विशेषताएं नीचे दी गई हैं :

- इस योजना के अंतर्गत बैंक के सेवानिवृत्त कर्मचारी और केवल उनका / की जीवनसाथी ही लाभ पाने के पात्र होंगे।
- सेवानिवृत्त कर्मचारी और उसका/की जीवनसाथी किसी कमाई वाले कार्य में नियोजित (employed) नहीं होना चाहिए।
- सेवानिवृत्त कर्मचारी की मृत्यु हो जाने पर उसका/की जीवनसाथी इस योजना के अंतर्गत अस्पताल के व्ययों की प्रतिपूर्ति के लिए आगे भी शामिल रहेंगे।
- वे स्टाफ-सदस्य, जो यूबीआई वीआरएस 2000-2001 योजना या उसी तरह की किसी अन्य योजना के अंतर्गत स्वैच्छिक रूप से सेवानिवृत्त हुए हैं और उनका /की जीवनसाथी भी इस योजना के अंतर्गत पात्र होंगे बशर्ते कि उन्होंने इस योजना के अंतर्गत सदस्यता हेतु आवेदन करने की तारीख पर 60 वर्ष की आयु पूर्ण कर ली हो और किसी कमाई वाले कार्य में नियोजित न हों।
- सेवानिवृत्त कर्मचारी को प्राथमिक सदस्य के नाम से बुलाया जायेगा और जीवनसाथी को गौण सदस्य के नाम से बुलाया जायेगा तथा दोनों को इकट्ठे / उत्तरजीवी को परिवार इकाई के नाम से बुलाया जायेगा।

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**UNION BANK OF INDIA
CENTRAL OFFICE, PERSONNEL ADMN. SECTION**

239, Vidhan Bhavan Marg, Union Bank Bhavan, Mumbai - 400 021

STAFF CIRCULAR NO.4901

DATE: October 4, 2002

To,
All Branches/Offices

**STAFF WELFARE MEASURES
LAUNCHING OF NEW WELFARE SCHEME
UNION BANK OF INDIA RETIRED EMPLOYEES'
MEDICAL ASSISTANCE SCHEME (UBIREMAS)**

We are pleased to inform all the staff members that the Staff Welfare Committee, which met on 24.09.2002 at Central Office, approved launching of a new Welfare Scheme for the benefit of our retired colleagues. The scheme shall be called Union Bank of India Retired Employees' Medical Assistance Scheme (UBIREMAS).

The salient features of the Scheme are enumerated here under:

- Retired employees of the Bank and his/her spouse only will be eligible for the benefits under the scheme.
- The retired employee and his/her spouse should not be gainfully employed.
- On the death of the retired employee, his spouse will continue to be covered under the scheme for reimbursement of hospitalisation expenses.
- Those who have taken voluntary retirement under UBI VRS 2000-2001 or under any other similar scheme, and his/her spouse will also be eligible under the scheme subject to the condition that they have completed 60 years of age on the date of applying for membership under the scheme and are not gainfully employed.
- The retired employee will be called "Primary Member" and the Spouse will be called "Secondary Member" and both together/survivor will be called "Family Unit".

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- वह शाखा, जहां इस योजना के अंतर्गत प्रतिपूर्ति जमा करने हेतु परिवार इकाई का बचत बैंक खाता रखा जायेगा, उसे नामित शाखा बुलाया जायेगा.
- एक समय सदस्यता (one time membership) शुल्क निम्नानुसार होगा :

अधिकारी	रु. 5000/-
लिपिक	रु. 3000/-
सब-स्टाफ	रु. 2000/-
1986 से पहले सेवानिवृत्त	रु. 1000/-
- निर्धारित फॉर्मेट (परिशिष्ट - II) में यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी चिकित्सा सहायता योजना के पक्ष में मुम्बई में देय मांग ड्राफ्ट / स्थानीय चेक के साथ सदस्यता का आवेदन एक पृथक् लिफाफे में कार्मिक प्रशासन अनुभाग, कार्मिक विभाग (आठवीं मंजिल), केन्द्रीय कार्यालय, मुम्बई को पंजीकृत डाक द्वारा प्रस्तुत किया जाये.
- सदस्यता का आवेदन उस शाखा / कार्यालय के माध्यम से अग्रेषित किया जायेगा, जहां कर्मचारी ने अंतिम कार्य किया था
- अस्पतालीकरण व्ययों की प्रतिपूर्ति प्राथमिक सदस्य के मामले में किये गये कुल व्ययों के 100% तक तथा गौण सदस्य के मामले में 75% तक, बैंक में इस समय प्रचलित अधिकारियों / अवार्ड स्टाफ के लिए अस्पतालीकरण की प्रतिपूर्ति हेतु किसी छोटी बीमारी के मामले में इस योजना के अंतर्गत निर्धारित सीमाओं में या रु. 10,000/- प्रति दावा, जो भी कम हो, के अध्यक्षीन सीमित होगी. बड़ी बीमारियों के मामले में इस शर्त के अध्यक्षीन इन्हीं नियमों का पालन किया जायेगा कि प्रतिपूर्ति प्रति दावा रु. 50000/- तक या इस योजना के अंतर्गत निर्धारित सीमाओं, जो भी कम हो, तक सीमित होगी.
- अस्पतालीकरण व्ययों की कुल प्रतिपूर्ति इस योजना के अंतर्गत सदस्यता के सम्पूर्ण काल के दौरान परिवार इकाई को रु. 50000/- (रुपये पचास हजार केवल) की अधिकतम राशि तक अनुमत होगी
- बड़ी / छोटी बीमारियों को इस योजना में उसीप्रकार परिभाषित किया जायेगा, जैसा कि बैंक में अधिकारियों / अवार्ड स्टाफ को लागू अस्पतालीकरण व्ययों की प्रतिपूर्ति के लिए प्रचलित है तथा प्रतिपूर्ति भी उन्हीं दिशानिर्देशों पर प्रोसेस / संगणित की जायेगी.
- मूल बिलों / रसीदों / प्रमाणपत्रों का प्रस्तुतीकरण आवश्यक है. यदि स्टाफ-सदस्य अपने द्वारा निजी रूप से ली गई किसी मेडीक्लेम पॉलिसी के धारक हैं, तब वे उस शेष रकम के लिए अस्पतालीकरण व्ययों की प्रतिपूर्ति का दावा करने के पात्र हैं जो बीमा कम्पनी द्वारा न चुकाया गया प्रमाणित किया गया है. तथापि, यह प्रतिपूर्ति हमारे बैंक में ऐसी प्रतिपूर्ति के लिए पहले से विद्यमान नियमों के अनुसार की जायेगी.

- इस योजना के अंतर्गत प्रतिपूर्ति के लिए आवेदन निर्धारित फॉर्मेट (परिशिष्ट - III) में प्रस्तुत किया जायेगा.
- आवेदक द्वारा प्रतिपूर्ति का आवेदन सभी मूल बिलों / रसीदों / प्रमाणपत्रों के साथ नामित शाखा को प्रस्तुत किया जायेगा.
- नामित शाखा विधिवत् सत्यापन करने के बाद उक्त आवेदन अपने क्षेत्रीय कार्यालय को अग्रेषित करेगी, जिसके क्षेत्राधिकार में वह आती है.
- क्षेत्रीय कार्यालय अधिकारियों / अवाई स्टाफ के लिए अस्पतालीकरण व्ययों की प्रतिपूर्ति हेतु इस स्कीम के प्रचलित निर्देशों के अनुसार दावों को प्रोसेस करेगा. इस योजना के अंतर्गत दावों की मंजूरी के लिए सक्षम प्राधिकारी क्षेत्रीय प्रमुख होगा.
- क्षेत्रीय कार्यालय मंजूर रकम पीओबी खाता - केन्द्रीय कार्यालय को नामे करेगा और परिवार इकाई के बचत बैंक खाते को जमा देते हुए नामित शाखा के पक्ष में आर्थोरिटी चेक जारी करेगा.
- क्षेत्रीय कार्यालय पीओबी दावा कार्मिक प्रशासन अनुभाग, कार्मिक विभाग, (8 वीं मंजिल), केन्द्रीय कार्यालय, मुम्बई (आईबीआर कूट सं. 5800 40) को मंजूर किये गये आवेदन की प्रति के साथ भेजेगा.
- अस्पतालीकरण के व्ययों के प्रतिपूर्ति के दावे का मूल आवेदन मूल बिलों / रसीदों / प्रमाणपत्रों के साथ क्षेत्रीय कार्यालय में रखा जायेगा. उसकी एक प्रति कैंका काप्रअ (COPAS) को बैंक के निरीक्षण अधिकारियों द्वारा निरीक्षण करने के लिए भेजी जायेगी.
- नामित शाखा क्षेत्रीय कार्यालय से आर्थोरिटी चेक प्राप्त होने पर, और परिवार इकाई के बचत बैंक खाते को जमा करने के बाद सदस्यता कार्ड को अद्यतन करेगी.
- यह योजना 01.01.2003 से प्रभावी होगी.
- प्रबंधन समिति द्वारा किसी कारण से उचित समझते हुए यदि इस योजना को अव्यवहार्य बताया जाता है तो प्रबंधन समिति इस योजना का समापन करने के लिए स्टाफ कल्याण समिति के समक्ष अपनी सिफारिशें रखेगी. सदस्यों से प्राप्त अंशदानों का निपटान स्टाफ कल्याण समिति द्वारा निर्धारित किये गये तरीके से किया जायेगा.
- यदि भविष्य में उचित लगता है तो प्रबंधन समिति उस योजना के प्रशासन हेतु बीमा कम्पनियों के साथ कोई व्यवस्था कर सकती है.

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- The branch where Savings Bank account of the "Family Unit" will be maintained for crediting reimbursement under the Scheme will be called "Nominated Branch".
- One-time membership fee will be as under:

Officers	: Rs.5000/-
Clerks	: Rs.3000/-
Sub staff	: Rs.2000/-
Pre 1986 Retirees	: Rs.1000/-
- Application for Membership is to be submitted in the prescribed format (Annexure-II) along with Demand Draft/ local Cheque favoring "Union Bank of India Retired Employees' Medical Assistance Scheme" payable at Mumbai to Personnel Administration Section, Department of Personnel, (8th Floor), Central Office, Mumbai in a separate cover by Registered Post.
- The Application for Membership will be forwarded through the Branch/Office where the employee had worked last.
- Reimbursement of hospitalisation expenses will be restricted to 100% of the total expenses incurred in case of Primary Member and 75% in case of Secondary Member subject to limits prescribed under the Scheme for Reimbursement of Hospitalisation Expenses for Officers/Award Staff now in force in the Bank or Rs.10000/- per claim, whichever is less in case of minor ailments. In case of major ailments, the same rules will be followed subject to the condition that the reimbursement will be restricted to Rs.50000/- per claim or the limits prescribed under the scheme, whichever is less.
- The total reimbursement of hospitalisation expenses will be permitted up to a maximum of Rs.50000/- (Rupees Fifty Thousand Only) to the Family Unit during the entire currency of membership under the scheme.
- Major/Minor ailments will be as defined in the Scheme in vogue in the Bank for Reimbursement of Hospitalisation expenses applicable to Officers/Award Staff and reimbursement will also be processed/calculated on the same lines.
- Submission of original bills/receipts/Certificates is necessary. If the members are holders of any Mediclaim policy taken by them individually, then they are entitled to claim reimbursement of hospitalisation expenses for the balance amount certified as not settled by the Insurance Company. However, the reimbursement will be as per rules already existing in our Bank for such reimbursement.

- The Application for reimbursement under the Scheme will be submitted in the prescribed format (Annexure-III).
- The application for reimbursement will be submitted to the Nominated Branch by the applicant along with all original bills/receipts/certificates.
- The Nominated Branch will forward the Application to the Regional Office under whose jurisdiction it falls, after due verification.
- Regional Office will process the claim on lines similar of the Scheme in vogue for Reimbursement of Hospitalization Expenses for Officers/Award Staff. The Regional Head will be the Competent Authority to sanction the claim under the scheme.
- Regional Office will debit the sanctioned amount to "POB A/c. Central Office" and issue Authority Cheque favoring Nominated Branch for crediting of the Savings Bank Account of the "Family Unit".
- Regional Office will send POB Claim to Personnel Administration Section, Department of Personnel, (8th Floor), Central Office, Mumbai (IBR Code No. 5800 40) with copy of the sanctioned application.
- The original application claiming reimbursement of hospitalization expenses along with the original bills/receipts/certificates will be preserved at Regional Office. A copy of the same shall be sent to COPAS, for inspection by the Bank's Inspecting Officials.
- Nominated Branch will, on receipt of Authority Cheque from Regional Office and after crediting the Savings Bank account of the Family Unit, update the Membership Card
- The Scheme will come into effect from 01.01.2003.
- In the event of the Scheme being rendered unviable for any reason considered proper by the Managing Committee, it shall place its recommendations before the Staff Welfare Committee to wind up the scheme. The contributions received from the members will be disposed off in a manner to be decided by the Staff Welfare Committee.
- The Managing Committee can switchover to an arrangement with Insurance Companies for administration of the scheme if warranted in future.

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शाखाओं/कार्यालयों को सूचित किया जाता है कि वे इस परिपत्र की बातों को सेवानिवृत्त कर्मिकों के ध्यान में लायें और सुनिश्चित करें कि वे निर्धारित समय के अंदर इस योजना के सदस्य बन जाते हैं।

कृपया पावती दें.

21/4/2017
महा प्रबंधक (का.)
क. न. श. व.

संलग्न - यथोक्त.
चाकल

Branches/Offices are advised to bring the contents of the circular to the notice of Retirees and to ensure that they become members of the scheme within the stipulated time.

Please acknowledge.


GENERAL MANAGER (P)

Encl.: As above

**UNION BANK OF INDIA RETIRED EMPLOYEES,
MEDICAL ASSISTANCE SCHEME (UBIREMAS)**

Name:

The scheme shall be called "Union Bank of India Retired Employees' Medical Assistance Scheme (UBIREMAS).

Objective:

To provide financial assistance to meet the hospitalisation expenses incurred by retired employees of the Bank for self and/or their spouses.

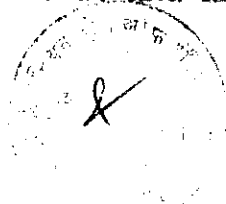
Applicability:

- Retired employees of the Bank and his/her spouse will be eligible for the benefits under the scheme.
- The retired employee will be the Primary member and the spouse Secondary member.
- The Primary and Secondary members will together constitute a Family Unit.
- The membership will be voluntary. However, to avail of the facility under the scheme membership is compulsory.
- The scheme will cover existing retired employees, their spouses and the spouses of deceased retired employees who apply for membership within 6 months from the date of introduction of the said scheme.
- On the death of the retired employee, the spouse (Secondary Member) will continue to be covered under the scheme for reimbursement of hospitalisation expenses.
- The retired employees and their spouses will be covered under the scheme only if they are not gainfully employed. Gainfully employed means those who are in employment and receiving a monthly salary/wages of Rs.1500/- or more.
- Employees who will be retiring from the services of the bank hereafter and their spouses shall also be eligible to become members, provided they apply within 6 months from the date of retirement.

Membership:

The membership will be restricted to the following:

- Those who have retired from the services of the Bank on superannuation and are not gainfully employed.
- Those who have been allowed to retire from the services of the Bank on medical grounds and are not gainfully employed.



- Those who have taken voluntary retirement from the service of the Bank in terms of provisions of *Union Bank of India Officers' Service Regulation 1979* and are not gainfully employed. However, they will be eligible to be covered under the scheme only after completion of 60 years of age.
- Those who have taken voluntary retirement from the service of the bank in terms of provisions of *Union Bank of India Employees' Pension Regulation 1995* after completion of 55 years of age or 30 years of service in the Bank and not gainfully employed. However, they will be eligible to be covered under the scheme only after completion of 60 years of age.
- Those who have ceased to be in the service of the Bank or who will cease to be in the service of the Bank for reasons other than those mentioned above will not be eligible for membership and benefits under the scheme.
- One-time membership fee will be as follows:

Officers	-	Rs.5000/-
Clerks	-	Rs.3000/-
Sub staff	-	Rs.2000/-
Pre-1986 Retirees	-	Rs.1000/-
- Membership will take effect only on receipt of membership fee along with the prescribed application and acceptance thereof by the Managing Committee.

Benefits under the scheme:

- Reimbursement of hospitalisation expenses will be restricted to 100% of the total expenses incurred in case of Primary member and 75% in case of Secondary Member subject to limits prescribed under the Scheme for Reimbursement of Hospitalisation Expenses for Officers/Award Staff now in force in the Bank or Rs.10000/- per claim, whichever is less in case of minor ailments. In case of major ailments, the same rules will be followed subject to the condition that the reimbursement will be restricted to Rs.50000/- per claim or the limits prescribed under the scheme, whichever is less.
- For the purpose of determining the rate of reimbursement the cadre of the employee (Officer/Award Staff) at the time of superannuation/voluntary retirement etc. will be taken into account.
- The total reimbursement of hospitalisation expenses will be permitted up to a maximum of Rs.50000/- (Rupees Fifty Thousand Only) to the Family Unit during the entire currency of membership under the scheme.
- Major & minor ailments will be as defined in the scheme in vogue in Bank for Reimbursement of Hospitalization Expenses applicable to Officers / Award staff, as the case may be.

- Submission of Original bills/receipts/certificates is necessary. However, if the members are holders of any Medi-Claim policy taken by them individually, then they can claim reimbursement under this scheme for the balance amount not settled by the Insurance Company, on the basis of the certificate/sanction letter of the Insurance Company. However, the reimbursement will be as per the rules existing in the Bank for such cases.

Funds:

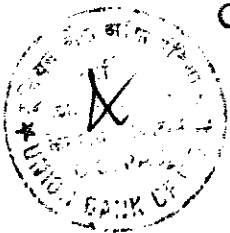
- An account in the name and style of "Union Bank of India Retired Employees' Medical Assistance Scheme" will be opened for this purpose. The membership fees collected from the members will be credited to this designated account.
- The Staff Welfare Committee, out of the approved budget for each financial year will allocate separate budget for meeting the claims under the scheme. Such allocations will be made in the yearly budget and will be approved by Staff Welfare Committee.
- Depending on the claims that may be received from Branches/offices, funds will be transferred from the Bank's Welfare Fund to the designated account under the scheme for meeting the claims.
- The funds or any portion thereof will be invested by the Managing Committee either in deposit with the Bank or in such securities approved under the Income Tax Act 1961.
- The Managing Committee will administer the funds.
- The earnings on investments will be subject to tax or statutory provisions as may be applicable from time to time.
- Surplus amount available in the designated account will also be reinvested either in Bank deposits or in approved securities as stated above.

Administration of the Scheme

The Managing Committee will administer the scheme with the following members:

- Chairman & Managing Director / Executive Director
- General Manager (Personnel)
- An executive at Central Office to be nominated by the Chairman & Managing Director and / or Executive Director.

...4...



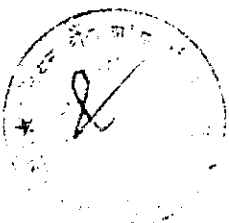
- A representative from the recognised majority Officer's Association.
- A representative from the recognised majority Employees Union.
- Deputy General Manager / Assistant General Manager (Personnel) will be the Member Secretary.
- The Managing Committee will authorize any two or more of its members to operate/administer the bank account, investments of corpus money and carry out the day-to-day administration.
- The Managing Committee will meet at least once in each quarter or more frequently, if required.
- The Managing Committee will formulate the detailed procedure to be followed for the day-to-day administration of the scheme including membership and other forms and control records etc.
- The surplus money available in the designated account will be invested in the Bank deposits, Govt. securities, Public Sector Bonds etc. as is permissible under the law in the name of "Union Bank of India Retired Employees' Medical Assistance Scheme".
- The income generated out of investment or corpus of the fund will also be credited to this designated account and will be utilized for settlement of claims.
- The said account will be operated by two or more members of the Managing Committee, which will be decided by a Resolution of the Committee.
- A Chartered Accountant, approved by the Managing Committee, will audit the accounts of the fund/scheme every year, cost of which will be borne by the Bank.

Procedure for applying for membership

- A retired employee of the Bank eligible under the scheme and who desires to become a member, will have to submit an application in the prescribed format - Annexure-II and deposit the membership contribution by means of Bank Draft/local cheque payable at Mumbai, drawn in favour of "Union Bank of India Retired Employees' Medical Assistance Scheme" with Personnel Administration Section, Department of Personnel, Central Office, Mumbai (IBR Code No. 580040). Cash or outstation Cheque will not be accepted.

Procedure for claiming reimbursement

- The application for reimbursement under the scheme will be submitted in the prescribed format (Annexure-III).



- The Applicant should submit the application for reimbursement to the Nominated Branch along with all the original bills/receipts/certificates.
- Nominated Branch will forward the application to the Regional Office under whose jurisdiction it falls after duly verifying the same.
- Regional Office will process the claim on the lines similar of the schemes in vogue for Reimbursement of Hospitalization Expenses for Officers and Award staff.
- The processed claim will be verified by the Medical Officer attached to the Regional/Zonal Office.
- The Regional Head will be the Competent Authority to sanction the claim under the scheme.
- Regional Office will debit the sanctioned amount to "POB Account - Central Office" and issue Authority Cheque in favour of the Nominated Branch for crediting of the Savings Bank account of the Family Unit.
- Regional Office will send the POB Claim to Personnel Administration Section, Department of Personnel, (8th Floor), Central Office, Mumbai, along with a copy of the sanctioned application.
- The original application claiming reimbursement of hospitalization expenses along with the original bills/receipts/certificates will be preserved at Regional Office. A copy of the same shall be sent to COPAS, for inspection by the Bank's Inspecting Officials.
- Nominated Branch will, on receipt of the Authority Cheque from Regional Office and after crediting Savings Bank account of the Family Unit, update the Membership Card.
- Where the retired employee and/or his/her spouse or the spouse of the deceased retired employee has opted for being insured under the Medi-Claim policy by an Insurance Company and reimbursement received from the Insurance Company falls short of the actual expenditure he/she may have incurred in respect of his/her hospitalization, the Bank will reimburse to the Member to the extent of shortfall subject to the ceiling of employee's otherwise entitlement under the Bank's Hospitalisation scheme. For this purpose, the Bank will accept true copies of the bills and invoices certified by the Insurance Company in respect of hospitalization expenses.

- The Members should submit only genuine and reasonable claims under the scheme.
- In case false claims are found to have been submitted by any member not only will he/she forfeit the benefits under the scheme but his/her membership will also be cancelled. Membership fee paid will also be forfeited.
- The Bank or the Managing Committee will not be responsible for any tax liability devolving on a member, arising out of reimbursement of medical expenses under the scheme.

Winding up:

In the event of the Scheme being rendered unviable for any reason considered proper by the Managing Committee, it shall place its recommendations before the Staff Welfare Committee to wind up the scheme. The contributions received from the members will be disposed off in a manner to be decided by the Staff Welfare Committee.

General:

- The Managing Committee will review the Scheme every year.
- The review will cover modifications in the scheme including inter-alia, improvement in the procedures, feasibility of upgrading the existing benefits in terms of reimbursement etc.
- All matters/disputes arising out of and/or interpretation of the rules of the scheme will be referred to the Managing Committee whose decision will be final.
- Any amendment to the scheme or the rules thereof will be effected with the approval of the Managing Committee.
- The accounts of the scheme will be audited every year to examine, among other things that the scheme is being used for the intended purpose.
- The Managing Committee can switchover to an arrangement with Insurance Companies for administration of the scheme if warranted in future.



सदस्यता संख्या

Membership No. :

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(केका:काप्रअ द्वारा आवंटित किया जाना)(To be allotted by CO: PAS)

यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी
चिकित्सा सहायता योजना (यूबीआईआरएमएस)

UNION BANK OF INDIA RETIRED
EMPLOYEES' MEDICAL ASSISTANCE SCHEME (UBIREMAS)

सदस्यता फॉर्म MEMBERSHIP FORM

(कार्य की अंतिम शाखा/ कार्यालय के जरिये दो प्रतियों में प्रस्तुत किया जाना)
(To be submitted in duplicate through last Branch/Office worked)

प्रति To

सहायक महा प्रबंधक (का.)

The Asst. General Manager (P)

कार्मिक विभाग Department of Personnel

यूनियन बैंक ऑफ इंडिया Union Bank of India

239, विधान भवन मार्ग, Vidhan Bhavan Marg

मुम्बई Mumbai - 400 021.

प्रिय महोदय, Dear Sir,

जीवनसाथी, (यदि जीवित है) के साथ इकट्ठे खिंचवाया पासपोर्ट साइज फोटो जो अंतिम कार्य स्थल के शाखा प्रबंधक/विभाग प्रमुख द्वारा अनुप्रमाणित हो. Passport Size Photograph jointly with Spouse (if living) attested by Branch Manager/ Departmental Head, where last worked

*मैं बैंक की सेवा से दिनांक ----- को सेवानिवृत्त हुआ हूँ/हूँगा.

I retired/will retire/ from the Bank's service with effect from -----

*मेरा जीवनसाथी दिनांक ----- को सेवानिवृत्त हुआ और उसके बाद दिनांक ----- को दिवंगत हुआ.

My spouse retired on ----- and thereafter expired on -----

मैं यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी, चिकित्सा सहायता योजना का / की सदस्य बनना चाहता/चाहती हूँ. मैं इस योजना के अंतर्गत यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी चिकित्सा सहायता योजना के पक्ष में मुम्बई में देय मांग ड्राफ्ट /चेक सं. ----- दिनांक ----- रुपये ----- संलग्न करता/ती हूँ जो कि गैर-वापसी सदस्यता शुल्क है.

I desire to become a member of the Union Bank of India Retired Employee Medical Assistance Scheme. I enclose Demand Draft/Local Cheque No. ----- Dated ----- for Rs. ----- favouring Union Bank of India Retired Employees Medical Assistance Scheme payable at Mumbai towards non-refundable membership fees under the Scheme.

मेरा आवश्यक विवरण इस प्रकार है My necessary details are as under:

1. पूरा नाम Name in full :
(प्राथमिक सदस्य अर्थात् जो स्टाफ-सदस्य सेवानिवृत्त हुआ / सेवानिवृत्ति के बाद दिवंगत हुआ.
(Primary Member - i.e. staff member retired/expired after retirement)

2. भ.नि.सं. P.F. No. :

3. जन्म-तिथि Date of Birth :

* जो लागू हो, उसे भरे. Fill-in whichever is applicable

ANNEXURE-II

Membership No.:

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(To be allotted by CO: PAS)

**UNION BANK OF INDIA RETIRED
EMPLOYEES' MEDICAL ASSISTANCE SCHEME (UBIREMAS)**

MEMBERSHIP FORM

(To be submitted in duplicate through last Branch/Office worked)

To

The Asst. General Manager (P)
Department of Personnel
Union Bank of India
239, Vidhan Bhavan Marg
Mumbai - 400 021.

**Passport Size
Photograph
jointly with
Spouse (if living)
attested by
Branch Manager/
Departmental
Head, where last
worked**

Dear Sir,

*I retired/will retire/ from the Bank's service with effect from

*My spouse retired on _____ and thereafter expired on

I desire to become a member of the Union Bank of India Retired Employees, Medical Assistance Scheme. I enclose Demand Draft/Local Cheque No. _____ Dated _____ for Rs. _____ favouring "Union Bank of India Retired Employees' Medical Assistance Scheme" payable at Mumbai towards non-refundable membership fees under the Scheme.

My necessary details are as under:

1. Name in full
(Primary Member - i.e. staff member retired/expired after retirement)
2. P.F. No. :
3. Date of Birth :

* Fill-in whichever is applicable

4. सेवा से निवृत्त होने की तारीख
Date of retirement from Service
5. अधिवर्षिता पर सेवानिवृत्त या वीआरएस योजना :
के अंतर्गत या ओएसआर/पेंशन योजना के अंतर्गत
स्वैच्छिक सेवानिवृत्त Retired on
superannuation or under VRS Scheme or
voluntary retirement under OSR/Pension
Scheme
6. नौकरी से सेवानिवृत्ति के समय पदनाम :
Designation at the time of retirement from
service
7. अंतिम कार्यस्थल की शाखा/कार्यालय :
Branch/Office last worked
8. जीवनसाथी का नाम, यदि जीवित है (गौण सदस्य) :
Name of the spouse, if living (Secondary
Member)
9. जीवनसाथी की जन्म तिथि :
Date of Birth of Spouse
10. सेवानिवृत्ति के बाद स्थायी वर्तमान पता :
Permanent residential address after
retirement
11. एसटीडी सहित टेलीफोन सं. :
Telephone No. with STD Code
12. कर्मचारी की मृत्यु की तारीख :
(यदि कर्मचारी सेवानिवृत्त होने के बाद पहले ही
दिवंगत हो चुका है)
मृत्यु प्रमाणपत्र की प्रति लगाई जाये.
Date of Death of Employee
(If employee already expired after
retirement)
Copy of Death Certificate to be enclosed
13. यूनियन बैंक की सबसे नजदीक शाखा :
(इस योजना के अंतर्गत भविष्य के लेनदेनों के लिए
नामित शाखा.)
Nearest Branch of Union Bank of India
(Nominated Branch for future transactions
under the scheme)
14. नामित शाखा में ब.बैं. खाता सं. :
Saving Bank A/c. No.
with the Nominated Branch
15. पिछली बड़ी बीमारी, यदि कोई हो :
Past Major illness, if any
स्वयं Self
जीवनसाथी Spouse

मैंने इस योजना और इसके अंतर्गत नियमों को पढ़ा है. मैं और / या मेरा / मेरी जीवनसाथी इस योजना के अंतर्गत समय-समय पर संशोधित नियमों का पालन करेंगे.

I have read the scheme and the rules there under. I and/or my spouse will abide by the rules made under the scheme as revised from time to time.

मैं/मेरी/मेरी जीवनसाथी किसी कमाई वाले कार्य में नियोजित नहीं हैं.

I am not/ my spouse is not gainfully employed.

4. Date of retirement from :
Service
5. Retired on superannuation :
or under VRS Scheme or
voluntary retirement under
OSR/Pension Scheme
6. Designation at the time of :
retirement from service
7. Branch/Office last worked :
8. Name of the spouse, if living :
(Secondary Member)
9. Date of Birth of Spouse :
10. Permanent residential :
address after retirement
11. Telephone No. :
with STD Code
12. Date of Death of Employee :
(If employee already expired
after retirement)
Copy of Death Certificate to
be enclosed
13. Nearest Branch of Union :
Bank of India
(Nominated Branch for future
transactions under the scheme)
14. Saving Bank A/c. No. :
with the Nominated Branch
15. Past Major illness, if any
- Self :
- Spouse :

I have read the scheme and the rules there under. I and/or my spouse will abide by the rules made under the scheme as revised from time to time.

I am not/ my spouse is not gainfully employed.

मैं एतद्वारा घोषणा करता हूँ कि ऊपर प्रस्तुत की गई जानकारी मेरे ज्ञान के अनुसार सत्य है और मैं बैंक द्वारा यदा-कदा अपेक्षित अन्य जानकारी भी दूंगा. कृपया विषयगत योजना के लिए परिवार इकाई के सदस्य/यों के रूप में मुझे और/या मेरे जीवनसाथी को दाखिल करें.

I hereby declare that information furnished above is true to the best of my knowledge and I shall give any other information as and when required by the Bank. Kindly enroll me and/or my spouse as member/s of the Family Unit for the subject scheme.

स्थान Place:

हस्ताक्षर Signature

दिनांक Date :

नाम Name:

*सदस्यता कार्ड के लिए एक पासपोर्ट साइज का अतिरिक्त फोटो लगायें.

Enclose an additional passport-size photograph for Membership Card

(अंतिम कार्यस्थल की शाखा/कार्यालय के प्रयोग हेतु For use of Branch/Office last worked)

विचारार्थ सत्यापित एवं अग्रप्रेषित Verified and forwarded for consideration

दिनांक Date:

शाखा प्रबंधक/विभाग प्रमुख

Branch Manager/

Departmental Head

हस्ताक्षर मोहर के साथ

(Signature with Seal)

: 3:

I hereby declare that information furnished above is true to the best of my knowledge and I shall give any other information as and when required by the Bank. Kindly enroll me and/or my spouse as member/s of the Family Unit for the subject scheme.

Place:

Signature

Date :

Name:

* Enclose an additional passport-size photograph for Membership Card

(For use of Branch/Office last worked)

Verified and forwarded for consideration

Date:

Branch Manager/
Departmental Head
(Signature with Seal)

यूनियन बैंक ऑफ इंडिया सेवानिवृत्त कर्मचारी चिकित्सा सहायता योजना (यूबीआईआरईएमएस)
UNION BANK OF INDIA RETIRED EMPLOYEES' MEDICAL ASSISTANCE SCHEME (UBIREMAS)

प्रतिपूर्ति हेतु आवेदन APPLICATION FORM FOR REIMBURSEMENT

1. ए) प्राथमिक सदस्य का नाम
Name of the Primary Member
(सेवानिवृत्त कर्मचारी Retired Employee)
- बी) सेवानिवृत्ति पर पदनाम
Designation at the time of Retirement
- सी) कर्मचारी संख्या Employee No.
2. गौण सदस्य का नाम
Name of Secondary Member
(जीवनसाथी Spouse)
3. इस योजना के अंतर्गत परिवार इकाई की सदस्यता संख्या Membership No. Of Family Unit
Under this Scheme
4. नामित शाखा Nominated Branch
5. नामित शाखा में ब. ब. खाता संख्या
S.B. A/c. No. At Nominated Branch
6. आवासीय पता / टेलीफोन संख्या
Residential Address/
Telephone No.
7. किसके लिए खर्च किया गया
Expenses incurred for whom,
(नाम का उल्लेख करें और बतायें कि प्राथमिक सदस्य या गौण सदस्य)
(Mention name and also mention whether Primary Member or Secondary Member)
8. बीमारी/रोग की प्रकृति Nature of Disease/illness
(निश्चित पूर्ण निदान एवं बीमारी की प्रकृति को दर्शानेवाला चिकित्सा प्रमाणपत्र.
(Medical Certificate must be submitted showing definite full diagnosis and nature of ailment))
9. आपरेशन की प्रकृति Nature of Operation
(बड़ा / छोटा Major/Minor)
10. उपचार की अवधि Duration of the Treatment
ए) अस्पताल में In Hospital : From _____ से to _____ तक
दिनों की संख्या No. Of Days _____
बिस्तर प्रभार Bed Charges _____
बी) घर में, अस्पतालीकरण के बाद : From _____ से to _____ तक
At home, after hospitalisation

Contd...

ANNEXURE - III

**UNION BANK OF INDIA RETIRED EMPLOYEES' MEDICAL
ASSISTANCE SCHEME (URIDMAN)**

APPLICATION FORM FOR REIMBURSEMENT

- 1.a) Name of the Primary Member :
(Retired Employee)
- b) Designation at the time of :
Retirement
- c) Employee No. :
2. Name of Secondary Member :
(Spouse)
3. Membership No. Of Family Unit :
Under this Scheme
4. Nominated Branch :
5. S.B. A/c. No. At Nominated Branch :
6. Residential Address/ :
Telephone No.
7. Expenses incurred for whom, :
(Mention name and also mention
whether Primary Member or
Secondary Member).
8. Nature of Disease/Illness :
(Medical Certificate must be
submitted showing definite full
diagnosis and nature of ailment)
9. Nature of Operation :
(Major/Minor)
10. Duration of the Treatment :
a) In Hospital : From _____ to _____
No. Of Days _____
Bed Charges _____
b) At home, after hospitalisation : From _____ to _____

Contd...

11.	किये गये अस्पतालीकरण के विस्तृत विवरण Details of Hospitalisation Expenses incurred: (मूल बिल लगाये) (Enclose original bills)	खर्च रकम Amount incurred	क्षे.का. के प्रयोग हेतु For use at R.O. 100% या 75% जैसा कि निर्धारित सीमा के अध्यधीन लागू है. Amount Entitled 100 % or 75 % As applicable subject to ceiling
	ए) पंजीकरण प्रभार Registration Charges		
	बी) वाहन/एम्बुलेंस प्रभार Conveyance/Ambulance Charges		
	सी) आपरेशन प्रभार Operation Charges		
	डी) आपरेशन थियेटर प्रभार Operation Theatre Charges		
	ई) बेहोशी प्रभार Anaesthesia Charges		
	एफ) पैथोलॉजी प्रभार Pathology Charges		
	जी) डॉक्टर विजिट / सलाह Doctor's visit/consultations		
	एच) फिजियोथेरेपी प्रभार Physiotherapy Charges		
	आई) औषध व दवाइयां Drugs & Medicines		
	जे) रक्तदान प्रभार Blood Transfusion Charges		
	के) अस्पताल बिलों पर सरचार्ज Surcharge on Hospital Bills		
	एल) अन्य प्रभार Other Charges		
	कुल Total	=====	
	जमा Add: बिस्तर प्रभार Bed Charges		
	कुल पात्र रकम Total Amount Eligible		=====
12.	इस योजना के अंतर्गत परिवार इकाई के लिए अर्थात् स्वयं और जीवनसाथी के लिए अब तक पहले से प्राप्त अस्पतालीकरण व्ययों की प्रतिपूर्ति की रकम, यदि कोई हो (सुनिश्चित करें कि वर्तमान बिलों सहित कुल प्रतिपूर्ति सदस्यता चालू रहने के दौरान रु. 50000/- की अधिकतम सीमा के पार नहीं जाती.) Amount of Reimbursement towards hospitalisation expenses already received so far under the scheme, if any for the Family Unit i.e. for self and spouse (Ensure that total reimbursement including present bill does not exceed maximum limit of Rs. 50000/- throughout currency of Membership)		
13.	क्या स्वयं या जीवनसाथी के नाम से कोई मेडिकलेम पालिसी रखते हैं Whether holding any Medi-Claim Policy in the name of self or spouse		
14.	यदि ऐसा है तो बीमा कम्पनी द्वारा ऊपर कॉलम सं. 11 के अंतर्गत सूचित कुल व्यय में से चुकायी गई दावे की रकम (बीमा कम्पनी के प्रमाणपत्र/मंजूरी पत्र की प्रति संलग्न करें.) If so, amount of claim settled by the Insurance Company, out of the total expenses reported under Column No. 11 (Enclose copy of the certificate/ sanction letter of the Insurance Company)		

11. Details of Hospitalisation Expenses incurred: (Enclose original bills)	Amount incurred	For use at R.O. Amount Entitled 100 % or 75 % As applicable subject to ceiling
a) Registration Charges	_____	_____
b) Conveyance/Ambulance Charges	_____	_____
c) Operation Charges	_____	_____
d) Operation Theatre Charges	_____	_____
e) Anaesthesia Charges	_____	_____
f) Pathology Charges	_____	_____
g) Doctor's visit/consultations	_____	_____
h) Physiotherapy Charges	_____	_____
i) Drugs & Medicines	_____	_____
j) Blood Transfusion Charges	_____	_____
k) Surcharge on Hospital Bills	_____	_____
l) Other Charges	_____	_____
Total	=====	_____
Add: Bed Charges	_____	_____
Total Amount Eligible	_____	=====

12. Amount of Reimbursement towards hospitalisation expenses already received so far under the scheme, if any for the Family Unit i.e. for self and spouse
(Ensure that total reimbursement including present bill does not exceed maximum limit of Rs.50000/- throughout currency of Membership)

13. Whether holding any Medi-Claim Policy in the name of self or spouse

14. If so, amount of claim settled by the Insurance Company, out of the total expenses reported under Column No.11
(Enclose copy of the certificate/sanction letter of the Insurance Company)

Contd...

15. बीमा कम्पनी द्वारा न चुकायी गई शेष रकम (कॉलम 11 की कुल राशि में से कॉलम 14 की राशि घटाये)
Balance amount not settled by the Insurance Company
(Total of Column No. 11 less amount shown in Column No. 14)
16. अनुरोध की गई प्रतिपूर्ति की रकम
Amount of Reimbursement requested

मैं इस फार्म में ऊपर दी गई सूचना के सही होने को प्रमाणित करता हूँ, कॉलम सं. 11 और 14 में सूचित किये अनुसार किये गये व्ययों के सम्बन्ध में सभी बिल / प्रमाणपत्र / वाउचर / कैश मेमो संलग्न हैं।

I certify the correctness of information given herein above. All Bills/Certificates/Vouchers/Cash Memos in respect of expenses incurred as reported in Column No. 11 & 14 are enclosed.

स्थान Place:

प्राथमिक/गौण सदस्य के हस्ताक्षर

दिनांक Date:

Signature of the

Primary/Secondary Member

नाम Name:

नामित शाखा / कार्यालय के माध्यम से अग्रेषित
Forwarded (Through Nominated Branch/Office)

हम इस पत्र के साथ यूबीआईआईआरईएमएस के अंतर्गत श्री/सुश्री _____ सदस्यता सं. _____ द्वारा अस्पतालीकरण व्ययों की प्रतिपूर्ति करने के लिए प्रस्तुत आवेदन के. का. में आगे की कार्यवाई हेतु प्रेषित कर रहे हैं। इस योजना के अंतर्गत हमारे रिकार्ड के अनुसार परिवार इकाई को अबतक रु. _____ की प्रतिपूर्ति की गई है। हम कार्मिक प्रशासन अनुभाग, कार्मिक विभाग, (8 वीं मंजिल), केन्द्रीय कार्यालय, मुम्बई द्वारा परिवार इकाई को जारी किये गये सदस्यता कार्ड को सत्यापित किये जाने की पुष्टि करते हैं।

We forward herewith the application for reimbursement of hospitalisation expenses under UBIREMAS submitted by Shri/Smt. _____ Membership No. _____ for the further action at RO. The Family Unit has been reimbursed Rs. _____/- so far under the Scheme as per our records. We confirm having verified the Membership Card issued to the Family Unit by Personnel Administration Section, Department of Personnel, (8th Floor), Central Office, and Mumbai.

शाखा प्रबंधक / लेखाकार
Branch Manager/Accountant

शाखा/कार्यालय Branch/Office

Contd..

15. **Balance amount not settled by the Insurance Company**
(Total of Column No.11 less amount shown in Column No.14)
16. **Amount of Reimbursement requested**

I certify the correctness of information given herein above. All Bills/ Certificates/Vouchers/Cash Memos in respect of expenses incurred as reported in Column No.11 & 14 are enclosed.

Place:
Date:

Signature of the
Primary/Secondary Member
Name:

Forwarded (Through Nominated Branch/Office)

We forward herewith the application for reimbursement of hospitalisation expenses under UBIREMAS submitted by Shri/Smt. _____ Membership No. _____ for the further action at RO. The Family Unit has been reimbursed Rs. _____/- so far under the Scheme as per our records. We confirm having verified the Membership Card issued to the Family Unit by Personnel Administration Section, Department of Personnel, (8th Floor), Central Office, and Mumbai.

Branch Manager/Accountant

Branch/Office

Contd...

क्षेत्रीय कार्यालय REGIONAL OFFICE
(बैंक के निरीक्षण अधिकारियों द्वारा निरीक्षण हेतु कागजात रिकॉर्ड में रखे जाये.)
(PAPERS TO BE PRESERVED FOR
INSPECTION BY BANK'S INSPECTING OFFICIALS)

चिकित्सा प्रमाणपत्र की संवीक्षा की गई और बिलों का सत्यापन किया गया, जो उपयुक्त पाये गये और प्रचलित योजना के अनुसार उनकी संस्तुति की गई.
Scrutinized the Medical Certificate and verified the bills which are found to be reasonable and recommended for reimbursement as per the Scheme in Force.

बैंक का चिकित्सा अधिकारी
Bank's Medical Officer
क्षे. का. At RO _____

यूबीआईआईएमएस के अंतर्गत श्री/सुश्री _____
सदस्यता सं. _____ को रु.
मंजूर किये गये, जिसे _____
शाखा (नामित शाखा) में उनके बचत बैंक खाता सं. _____ में जमा किया जाये, पीओबी - केंका को नामे किया जाये और केंका काप्रअ, कें. का. से प्रतिपूर्ति का दावा किया जाये.
Sanctioned Rs. _____
To Shri/Smt. _____
Membership No. _____ under UBIREMAS, which may be credited to his/her S.B. A/c No. _____ with _____ Branch
(Nominated Branch) by debiting POB-GO and reimbursement to be claimed from COPAS, C.O.

क्षेत्र प्रमुख Regional Head
क्षे. का. RO _____

REGIONAL OFFICE

(PAPERS TO BE PRESERVED FOR
INSPECTION BY BANK'S INSPECTING OFFICIALS)

Scrutinized the Medical Certificate and verified the bills which are found to be reasonable and recommended for reimbursement as per the Scheme in Force.

Sanctioned Rs. _____
To Shri/Smt _____
Membership No. _____ under
UBIREMAS, which may be credited to
his/her S.B. A/c. No. _____ with
_____ Branch
(Nominated Branch) by debiting "POB-
CO" and reimbursement to be claimed
from COPAS, C.O.

Bank's Medical Officer
At RO _____

Regional Head
RO _____
