



SyndicateBank

Head Office: Manipal - 576 104 (Karnataka)

Organisation & Methods Division

Circular No.139-2008-BC-PD-32.SWD

Date: 16-06-2008

PERMANENT UTILITY

'SyndArogya' SCHEME-REIMBURSEMENT OF PREMIUM AMOUNT TO STAFF MEMBERS BY THE BANK WHERE CLAIMS HAVE BEEN SETTLED BY THE INSURANCE COMPANY

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Our Bank, in association with the United India Insurance Company has been implementing the Mediclaim Health Insurance-cum-Personal Accident Scheme, 'SyndArogya'. The salient features of the scheme have been communicated to the branches vide circular No.008-2005-BC dated 18.01.2005.

The Officers' Association and the Employees' Union have been requesting for refund of the premium amount paid by the employees towards SyndArogya policies in cases where the Insurance Company has settled the Claims. The Competent Authority has considered the request favourably and accorded permission to reimburse the SyndArogya premium amount to the employees where the claims for reimbursement of hospitalisation expenses have been settled by the Insurance Company, effective from 01.04.2008, subject to the following terms and conditions.

- 1) Reimbursement of premium amount will be considered only in respect of those who are eligible for coverage under the Bank's Additional Medical Aid Scheme.
- 2) The employee shall first prefer the claim with the Insurance Company and then approach the Bank for the difference of amount, if any, after settlement of the claim by the Insurance Company.
- 3) It is mandatory on the part of the employee to submit further claims to the Insurance Company during the currency of the Policy.
- 4) The claim lodged with the Bank shall be supported by the attested copy of the in-patient bill/discharge summary, medical bills, receipts etc. along with the relative prescriptions.
- 5) The employee has to submit the original premium receipt, attested copy of the policy and the claim settlement letter issued by the Insurance Company.
- 6) The claim for difference of amount has to be lodged within 30 days after the settlement of the claim by the Insurance Company.
- 7) The claim for the difference amount will be considered within the overall ceiling under the Bank's Additional Medical Aid Scheme.
- 8) The Premium amount so refunded shall form part of the total income of the employee during that financial year for computation of Income Tax and will not be exempt under Section 80(D) of IT Act.

All the employees are requested to take note of this provision and avail of the benefits of the **SyndArogya scheme**. Claims for reimbursement of premium amount under the scheme may be submitted to HO: SWD in the format annexed to this circular.

Clarifications required, if any, on this circular may be sought from **STAFF WELFARE DIVISION - PERSONNEL DEPARTMENT** at Head Office, Manipal, through respective RO, as per extant guidelines.

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Check Word

(B PRAMOD)
GENERAL MANAGER

ANNEXURE**Claim Application for reimbursement of SyndArogya Insurance Premium paid**

1.	Name of the employee	
2.	Employee number	
3.	Designation	
4.	Branch/Office where working BIC	
5.	Name of the person hospitalised	
6.	Relationship of the patient to employee	
7.	TPA Details/Name	
8.	Total Income in case of parents/children	
9.	Whether it is a case of hospitalisation or domiciliary treatment	
10.	Nature of ailment/operation	
11.	Hospital where treatment received	
12.	SyndArogya Policy Number	
13.	Insured Amount	
14.	Insurance Premium paid	
15.	Total expenses of hospitalisation	
16.	Amount of claim reimbursed by the insurance company (sanction letter no. and date)	
17.	Claim for reimbursement (premium of SyndArogya paid or hospitalization expenses incurred whichever is less)	

I hereby declare that the above details submitted by me are true. Further I undertake to submit future claims with the Insurance Co. during the currency of the policy and am enclosing the original premium receipt paid under SyndArogya.

Enclosed herewith the attested copies of the following:

1. SyndArogya Policy
2. Hospital bills
3. Discharge summary
4. Insurance Claim/settlement sanction letter

Place:

Date :

Signature of the Employee

DECLARATION

(for claims of dependent parents)

I hereby declare that my father and mother are wholly dependent on me and they are ordinarily residing with me. I further declare that their total monthly income from all sources is less than Rs.2550/-.

(Signature of the Employee)

DECLARATION

(in case of female employees)

I hereby declare that I am the only earning member of the family and my parents have no other earning sons. They are ordinarily residing with me and total income of both the parents from all sources is less than Rs.2550/- p.m. and they are wholly dependent one me

(Signature of the Employee)

Recommendations of the Branch Head / forwarding authority

The claim submitted by the captioned employee is genuine. We recommend that the claim may be sanctioned as per his eligibility. We also confirm that the basic requirements in connection with claim along with wholly dependent declaration (claim in respect of dependent only) is enclosed herewith. The names of the parents are included in the staff card of the employee and had availed the LFC of his/her parents.

PLACE :
DATE :

**HEAD OF THE BRANCH/FORWARDING AUTHORITY
WITH BRANCH / OFFICE SEAL**

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