



eCircular

Department: P&HRD

Sl.No.: 913/2023 - 24

Circular No.: CDO/P^HRD-PPFG/43/2023 - 24

Date: Fri 29 Dec 2023

STRICTLY FOR INTERNAL CIRCULATION ONLY

The Chief General Manager,
State Bank of India
Local Head Office
All Circles/ CCG/ CAG/ SARG etc.

Madam / Dear Sir,

MEDICAL BENEFIT SCHEMES FOR SBI RETIREES

RENEWAL OF “SBI HEALTH CARE (POLICY ‘A’)” & “SBI HEALTH ASSIST (POLICY ‘B’)” FOR POLICY YEAR 2024-25 ON MODIFIED TERMS & CONDITIONS

Please refer to the Circular No. CDO/P^HRD-PPFG/60/2022 – 23 dated 07th January, 2023 regarding renewal of “SBI Health Care (Policy ‘A’)” and “SBI Health Assist (Policy ‘B’)” with effect from 16th January, 2023 to 15th January, 2024.

2. In this connection, the ECCB of the Bank in its meeting held on 26th December, 2023 has approved the renewal of both ‘SBI Health Care’ (Policy ‘A’) and ‘SBI Health Assist’ (Policy ‘B’) on the following modified terms and conditions:

- i. Renewal of SBI Health Care (SBI REMBS) – Policy ‘A’ and SBI Health Assist – Policy ‘B’ effective from 16th January, 2024 with 5% increase in insurance premium.
- ii. Relaxation of eligibility Criteria for opting ‘Additional Super Top Up Cover’.
- iii. Introduction of new limits under ‘Additional Super Top Up Cover’.
- iv. Restructuring of e-Pharmacy Scheme with option to choose any of the empanelled vendors (out of 4) at the time of renewal/enrolment.

3. Accordingly, medical benefits for the retirees, “SBI Health Care (Policy ‘A’)” and “SBI Health Assist (Policy ‘B’)” will be renewed with effect from 16th January, 2024. The details of the schemes are as follows:

- I. **“SBI Health Care (Policy ‘A’)”:**

Insurance cover for SBI-REMBS members w. e. f. 16th January, 2024 will be as under:

- i) Insurance cover will be obtained for the members whose residual balance is Rs. 3.00 lacs and above.
- ii) Medical claims of members having balance below Rs. 3.00 lacs will be paid by the REMB Trust, and they will be out of the insurance scheme.
- iii) If the claim exceeds the total sum insured allocated under the Policy A, the balance amount of claim up to the residual limit will be processed by REMB Trust.

II. **SBI HEALTH ASSIST (Policy B):**

A. **Eligibility for Membership in SBI Health Assist**

- i. Existing members under SBI Health Assist for Policy year 2023-24 would be eligible to renew the policy till 15th January 2024 by paying annual premium.
- ii. Employees who retired on or after 17th October 2023 till 15th January 2024 and who have not taken membership of SBI Health Assist 2023-24 would be eligible to join the policy till 15th January 2024 by paying annual premium.
- iii. Eligible new retirees (retired on or after 16.01.2024) may join SBI Health Assist within 90 days from the date of retirement by paying the premium from their own sources. Pro-rata premium would be applicable in case of such retirees.
- iv. Spouses of deceased employees may join SBI Health Assist (Policy 'B') within 120 days from the date of death of the employee by paying the premium from their own sources. Pro-rata premium would be payable in such cases.
- v. e-AB Retirees (members of IBA policy 2022-23) who opted for SBI Health Assist Policy on or before 31st October 2023 and who are not member of IBA Medclaim Policy 2023-24 as on 31st December 2023, would be eligible to join the policy till 15th January 2024 by paying

annual premium. No waiting period clause will be applicable to the above categories [(a) to (e)] of eligible retirees/ family pensioners.

- vi. Those who joined SBI Health Assist Policy for the Year 2023-24 and do not renew their policy in the Policy Year 2024-25, will not be eligible to apply for membership under Policy Year 2025-26.

B. Option for Left Out Retirees / e-AB Retirees / Spouses of Left Out Retirees and e-ABs Retirees / Members of REMBS

All members of SBI REMBS, left out retirees/ spouses of left out retirees & e-AB retirees/ spouses of e-AB retirees (who are not member of IBA Mediclaim Policy as on 31st December 2023) will be eligible to become members of SBI Health Assist by paying annual premium from their own sources till 15th January 2024. However, for these members, there will be a waiting period of 30 days from the date of their joining or date of inception of policy, whichever is later.

C. Exclusions

- a. Employees who are/ were discharged / dismissed / removed/ compulsorily retired / terminated from service will not be eligible to join the policy.
- b. Officers in whose case Rule 19(3) are/ were invoked on attaining the age of retirement and they are/ were subsequently discharged / dismissed / removed/ compulsorily retired from service will not be eligible to join the policy.

D. PREMIUM FOR POLICY YEAR 2024-25

The premium for policy year 2024-25 of SBI Health Assist (Policy- B) is revised upward by 5%. The revised premium rates for policy year 2024-25 are as under:

Type of cover	Basic Sum Insured	Basic Premium (Rs.)	GST (@18%) (Rs.)	Gross Premium (Incl. GST) (Rs.)
----------------------	--------------------------	--------------------------------	-----------------------------	--

Base Plan	3,00,000	17,343.00	3,121.74	20,465.00
	5,00,000	38,552.00	6,939.36	45,491.00
Critical illness Cover*	5,00,000	14,441.00	2,599.38	17,040.00

***Critical illness Cover is optional.**

Additional Super Top-up Cover (ASTUP)	Base Plan	Sum insured	Additional Basic Premium on ASTUP (Rs.)	GST (@18%) (Rs.)	Gross Premium (Incl. GST) (Rs.)
3,00,000		11,00,000	5,266.00	947.88	6,214.00
		16,00,000	6,531.00	1,175.58	7,707.00
5,00,000		14,00,000	9,992.00	1,798.56	11,791.00
		19,00,000	11,420.00	2,055.60	13,476.00

E. MODIFICATION IN TERMS OF ADDITIONAL SUPER TOP UP COVER UNDER SBI HEALTH ASSIST (POLICY B)

- i) A one-time option will be provided to the existing members of SBI Health Assist (2023-24) who didn't opt for additional Super Top-up cover. Member can opt for any sum insured as per selected base plan by paying premium from their own sources.
- ii) **Members who do not opt for Additional Super Top-up Cover in Policy Year 2024-25, will not be eligible to opt for Additional Super Top-up Cover in Policy year 2025-26.**
- iii) Three new limits are introduced under Additional Super Top-up for policy year 2024-25. Premium rates of the new limits are as under:

Table Part I

Basic Sum Insured	Super Top-up Sum Insured	Additional Super Top-up Sum Insured	Total cover to member
3.00 lacs	6.00 lacs	21.00 lacs	30.00 lacs
5.00 lacs	6.00 lacs	29.00 lacs	40.00 lacs
		39.00 lacs	50.00 lacs

Table Part II

Additional Super Top-up Sum Insured (ASTUP)	Additional Basic Premium on ASTUP (Rs.)	GST (@18%) (Rs.)	Gross Premium (Incl. GST) (Rs.)
21.00 lacs	8,572.00	1,542.96	10,115.00
29.00 lacs	17,431.00	3,137.58	20,569.00
39.00 lacs	23,441.00	4,219.38	27,660.00

4. e-PHARMACY SCHEME

- i) The existing arrangement with Medi-buddy and TATA 1MG, for providing pharmacy services to the members of SBI Health Assist is valid till 15.01.2024. The orders by current vendors will be accepted till 11.59 AM on 15.01.2024, after which fresh orders will not be accepted.

Existing members are advised to place orders for medicines latest by **11.59 AM** on 15th January 2024 as the wallet balance allowed for year 2023-24 will not be carry forwarded in year 2024-25. Fresh subsidy will be applicable after renewal of the SBI Health Assist policy for the year 2024-25.

- ii) Bank has also re-structured the selection of e-Pharmacy vendor. As per the revised structure of e-pharmacy Scheme, application of SBI Health Assist (Policy B) for Policy Year 2024-25, will have an option to select their preferred e-pharmacy vendor from a list of four vendors which are as under:

Sl. No.	Name of e-Pharmacy Vendors	e-Pharmacy App
1	API Holdings Ltd.	PharmEasy
2	Lifetime Wellness Rx International Limited	UrLife
3	Phasorz Technologies Pvt Ltd.	MediBuddy
4	TATA 1MG Health Care	TATA 1MG

The detailed information regarding e-Pharmacy services will also be uploaded on the following link:

<https://bank.sbi/web/personal-banking/pension-seva>

5. As per arrangement in place, both the above policies will be served by SBI General Insurance Co. Ltd. and M/s Anand Rathi Insurance Brokers for the policy period (16.01.2024 to 15.01.2025).

6. All other terms & conditions will be governed by the instructions contained in the Circulars referred hereinabove.
7. Please arrange to bring the contents of the circular to the knowledge of all concerned.

Yours faithfully,

(Om Prakash Mishra)
Deputy Managing Director (HR) & CDO

Encl: Annexures as under:

- Annexure-I: Enrollment/ Renewal process through online mode (through HRMS portal)
- Annexure-II: Enrollment/ Renewal process through offline mode (Submission of physical forms)
- Annexure-III: Application form for Enrollment (For New Members)
- Annexure IV: Consent form for renewal (For Existing Members)
- Annexure V: Premium Chart
- Annexure-VI: Reporting Format (for AO/ LHO officials)

Procedure for Renewal / Membership for SBI Health Assist (Policy 'B') through Online mode

1. Login into HRMS portal by using your HRMS ID and Password
In case any queries regards to the same, please connect with CM-HR at respective AO or PPG Department at LHO.
2. Select option of SBI Health Assist (Plan B) – Apply
3. Select option SBI Health Assist (Policy B - enrolment)
4. Select policy year as 2024-25 and proceed.
5. Please check the correctness of the personal details such as name, date of birth, gender etc. In case any error in your details, please contact AGM (PPG) of respective PPG Department at LHO.
6. Please select applicable category of retirement.
7. Please fill the correspondence address under personal details option which will be used for delivery of the Insurance cards. In case the email id is filled in HRMS, you may share your email id in section “Alternate (non SBI) email id” for future communications and delivery of e-cards.
8. Please provide alternate mobile number which may be used in case of any medical emergency.
9. Please mention the nominee details and click Next to proceed.
10. Please select your desired Base Plan, then you may also choose desired limits from Additional Super Top-up cover and Critical illness cover. If you do not wish to apply for Additional Super Top-up and critical illness cover, please select option “Not required”.
11. Please select your desired e-Pharmacy vendor from Drop-down. The information regarding all four vendors is uploaded on <https://sbi.co.in/web/personal-banking/pension-seva> . Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference.
12. Please read the undertaking carefully and tick mark it, then proceed to payment.
13. After proceeding, a Pop-up will appear for your confirmation of selected option. Once approved, OTP will be sent on registered mobile number and registered email also.
14. Once OTP is keyed in, premium amount will be debited from your Pension account.
15. Copy of the Application form can be downloaded from “View Status” tile under SBI Health Assist – Apply option.

Procedure for Renewal / Membership for SBI Health Assist (Policy 'B') through offline mode

a) Procedure to be followed by Various categories of applicants :

- I. All eligible retirees/ spouses of retirees who are not member of expiring SBI Health Assist Policy (2023-24) will fill up the Application Form (enclosed as Annexure - I) and submit to the pension paying branch along with cheque/ debit authority for applicable premium amount as per premium chart.
- II. Existing members of SBI Health Assist (2023-24) willing to renew their policy will fill up the simplified Consent Form (enclosed as Annexure - IV) and will submit to the pension paying branch along with cheque/ debit authority for applicable premium amount as per premium chart.
- III. New retirees who will retire on or after 16.01.2024 and willing to enroll for the policy, will also be required to fill up the Application Form (enclosed as Annexure-III) and submit to the pension paying branch along with cheque/ debit authority for applicable pro-rata premium amount as per premium chart. Branches can contact CM (HR) at their respective A.O. to obtain exact pro-rata premium applicable to the new retiree. The Pro-rata calculator will be shared with all CMs (HR).
- IV. The branch will arrange for debiting the applicant's account with the amount of gross premium (i.e. Basic Premium plus GST) and credit the same to Current Account opened by each A.O. for collection of premium.
- V. Once the Branch has credited the premium to the Current Account opened by respective A.O., branch will not debit/ reverse the premium from collection account of A.O. without approval of CM-HR of concern AO.
- VI. Retirees of e-ABs should mention their HRMS ID instead of their Associate Bank's PF ID on the Application Form in column no. 1A.
- VII. Retirees of e-ABs who do not have HRMS ID should mention the name of the e-AB (SBM, SBT, SBBJ, SBP, SBIN, SBS & SBH) before their PF ID (for example if PF ID of a retiree of SBM is 1234 then "SBM1234" is to be mentioned) in column no. 1B.
- VIII. Once amount of premium is credited in the designated account at the A.O., branch will forward duly filled-in application forms [mentioning (a) Transaction No. (b) Date of Transaction; and (c) Amount] to the concerned A.O. for further action.
- IX. AOs on receiving the application form, will verify the application/ consent forms and check the eligibility of the applicant, eligible family members, ensure that

all necessary details have been filled and correct amount of premium has been deposited in the Current Account maintained at A.O.

- X. AOs will simultaneously prepare a list (as per Annexure -VI) containing details of the applicants and send the soft copy through email to HR Department at their respective LHO and also transfer the consolidated amount to Main Collection Account maintained by P & PM department, Corporate Centre, Mumbai. Specific dates for transfer of consolidated premium to Corporate Centre and data file sharing will be communicated by Corporate Centre to the LHOs / A.Os.
- XI. The AOs should ensure that the amount remitted to Corporate Centre tallies with the column total of 'Premium Paid by pensioners' in the excel file sent by them to their respective LHO. AOs should not send data files directly to Corporate Centre.
- XII. HR Department at each LHO, on receiving the enrolment details / files from the AOs will verify and collate the details in a single excel file in different sheets (as per Annexure-VI) for each AOs and send the same to P & PM Department, Corporate Centre on the dates communicated to them.
- XIII. P& PM Department, Corporate Centre, on receiving the files from each LHO, will prepare a consolidated list and send the same to the Insurance Company along with the total premium amount including GST.

“SBI HEALTH ASSIST” SCHEME

GROUP MEDICLAIM POLICY ‘B’ FOR SBI RETIREES

APPLICATION FORM FOR NEW MEMBERS

Policy ‘B’ (16.01.2024 – 15.01.2025)

Date of payment of premium	
Journal No.	
Amount paid	

Chief Manager
State Bank of India,
Branch / Administrative office,

Affix coloured joint photograph
of the member and spouse

Dear Sir,

SUB: SBI Health Assist Group Health Insurance Policy for SBI Retirees

Policy Period: 16.01.2024 – 15.01.2025

I am interested in joining the Family Floater Group Health Insurance Policy of State Bank of India (Policy B – SBI Health Assist Scheme) and furnish the required information as under:

Sl.	Particulars	Remarks
1 A	P.F Index No./ HRMS ID	
1 B	PF ID (for pre-merger retirees of e-Abs who don't have HRMS ID) for example “ SBM1234/ SBH1234, SBP1234..... ”	
2	Name of retiree / Family pensioner	
3	Date of Birth of retiree / Family pensioner	dd/mm/yyyy
4	Date of joining the Bank	
5	Date of Retirement	

6	Date of Death of deceased employee/ pensioner (applicable for Family pensioners)	
7	Retired as Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II	
8	Age (in years) as on the date of retirement	
9	Gender	i. Male ii. Female
10	Type (please write Pensioner / Family pensioner / Retiree)	
11	Category (Please tick mark)	<ul style="list-style-type: none"> i. SBI retirees on completion of pensionable service in the Bank. ii. Surviving spouses of SBI employee who died whilst in service or after retirement. iii. Existing members of SBI Health care / Policy-A. iv. Old retiree/ surviving spouses / family pensioners of erstwhile Associate Banks of SBI (e-ABs) v. Pensioners removed from service and receiving pension. vi. Pensioners / Retirees who could not join 'SBI Health Assist' in the Policy year 2023-24
12	Whether dismissed or terminated from service. (Tick)	Yes / No
13	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed)	Yes / No
14	Address for communication	Address
		Nearest Landmark
		Post Office
		City / District

		State										
		Pin Code										
15	Landline No. (with STD code)											
16	Mobile No. (it will be used for registration under e-Pharmacy scheme)											
17	Alternate Mobile no. (if any)											
18	Email ID											
19	Name of Spouse (if any)											
20	Date of Birth of Spouse (dd/mm/yyyy)											
21	Name of disabled Child / Children (if any) (As declared to the Bank)	Sl	Name of the disabled child	Date of Birth (dd/mm/yyyy)	Gender							
		1.										
		2.										
22	Name of the pension/family pension paying branch	Name of the Branch					Branch Code No.					
23	Pension Account No. (11 digit)											
24	IFSC Code											
BASIC COVER PLANS												
25	Sum Insured	Basic Premium (Annual)	GST @ 18%	Gross Premium (A)	Please Tick Opted Plan							
	3,00,000	17,343	3,121.74	20,465.00								
	5,00,000	38,552	6,939.36	45,491.00								
ADDITIONAL SUPER TOP-UP COVER**												
26	Base plan	Sum Insured of Additional Super top-up	Basic Premium (Annual)	GST @ 18%	Gross Premium (B)	Please Tick Opted Plan						
	3,00,000	11,00,000	5,266.00	9,47.88	6,214.00							
		16,00,000	6,531.00	1,175.58	7,707.00							
		21,00,000	8,572.00	1,542.96	10,115.00							

		14,00,000	9,992.00	1,798.56	11,791.00	
		19,00,000	11,420.00	2,055.60	13,476.00	
	5,00,000	29,00,000	17,431.00	3,137.58	20,569.00	
		39,00,000	23,441.00	4,219.38	27,660.00	
CRITICAL ILLNESS COVER **						
27	Sum Insured	Basic Premium (Annual)	GST @ 18%	Gross Premium (C)	Please Tick if applied	
	5,00,000	14,441	2599.38	17,040.00		
<p>** Critical Illness Cover and Additional Super top-up cover will not be available separately and can be taken only with a Base Plan</p> <p>**Members aged below 65 years as on 15th January 2024 to opt for Critical illness Plan</p> <p>N.B.: Pro-rata premium for new retirees will be applicable in all the plans i.e. Basic Cover Plans, Additional super top up and Critical Illness Plans.</p> <p>Employees retiring during currency of the policy should apply by paying the pro-rata premium within 90 days from the date of their retirement.</p>						
28	CALCULATION OF TOTAL PREMIUM (with GST)					
	Premium for Base Plan	Premium for Additional Super top-up Plan (if any)	Premium for Critical Illness (if any)	Total Premium Paid (with GST)		
	(A)	(B)	(C)	A + B + C		
29	<p>The information regarding all four vendors is uploaded on https://sbi.co.in/web/personal-banking/pension-seva . Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference.</p> <p>Selection of e-Pharmacy Vendor (Any one) –</p> <ol style="list-style-type: none"> 1. Medibuddy 2. Pharmeasy 3. Tata IMG 4. Ur Life <p>I hereby select vendor M/S_____ as my e-Pharmacy vendor for providing services during Policy year 2024-25. To enable the vendor so selected to allow access to the services offered by them, I authorize the Bank to share my PF ID/ contact details and details of my/ my family members to such vendor, for which I give my consent herewith.</p>					

30. Declaration Nominee/s :

I, Mr./Mrs./Ms. _____, a pensioner of the Bank/ a retired employee / spouse of the deceased employee do hereby assign the money payable by “**SBI General Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient discharge of the company.

31. Debit Authority for Super Top-up Premium

I hereby authorize Bank to credit and debit premium of Super Top-up cover of 6 Lacs from my pension.

32. Debit Authority:

I am aware that I along with my spouse and disabled child/children (if any, as declared to Bank) will be eligible for a health insurance cover under the Family Floater Group Health Insurance 'Health Assist'. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account No. _____.

I undertake to keep sufficient balance in my above account for debiting insurance premium for the policy year 2024-25 failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.

33. Undertaking:

I am desirous of availing the “SBI Health Assist” Scheme (“Services”) offered by the Bank through third-party agencies/service providers/vendors (“Third Party Entities”). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) (“Additional Services”) through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities.

I understand that availing of Additional Services will be on voluntary and chargeable basis.

I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities.

I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

Place :

Date :

Signature of Retired Employee / Spouse

For office use only

Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium in Mediclaim Collection Account No. _____ of Administrative Office as per the following details:

Transaction No. (Journal No.)

Date : _____

Amount : _____

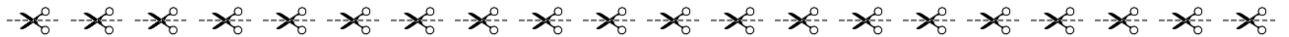
State Bank of India

Name of the Forwarding Branch (Code No.) :

Place :

Date :

Signature of the Branch Manager with seal



ACKNOWLEDGEMENT OF PREMIUM PAID

Name of the applicant – PF ID -- Base plan – Additional Super Top-up Plan (if applied) -- Critical illness Plan (if applied)-- Application Submitted on:	<p>For Branch use only</p> Premium paid – Date of Transaction –
---	---

Signature of the Branch Manager with seal

(On Branch Letter head)

ACKNOWLEDGEMENT OF PREMIUM PAID

(Year 2024-25)

'SBI HEALTH ASSIST'

GROUP MEDICLAIM POLICY FOR RETIREES

(to be given to the applicant by the Branch receiving this Application Form)

Received from Shri/Smt. _____

PF Index No. _____

This is to certify that Insurance Premium including GST for Rs _____

(Base Plan/ Additional Super Top-up / Critical Illness Cover) + Rs. 8,202 (Annual Premium for Super Top-up Cover of 6 lacs) = Rs. _____

(in words Rupees _____

_____) has been received for enrolment in Mediclaim Collection

Account No _____ of Administrative Office for the above Mediclaim Policy.

Date _____

Signature of the Branch official issuing the certificate

“SBI HEALTH ASSIST” SCHEME (2024-25)**CONSENT FOR RENEWAL**

Date of payment of premium	
Journal No.	
Amount paid	

The Branch Manager
State Bank of India,
_____ Office/ Branch

Dear Sir,

SUB: SBI Health Assist Group Health Insurance Policy for SBI Retirees
Policy Period: 16.01.2024 –15.01.2025

PF No. /HRMS ID		
Pensioner Type (Pensioner / Retiree / Family Pensioner)		
Name of Retiree/ Spouse of Deceased Retiree (Family pensioner)	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of Spouse	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of disabled child (if any - As declared to the Bank) 1. 2.	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of the Nominee :	Relationship of Nominee :	
Date of Retirement :		
Address of pensioner :		
City		
State		
Pin code		
Mobile No. (For E-pharmacy Scheme)		
Landline No.		
Email Id.		
Name of Zonal/Administrative office		

Name of LHO	
Name of Pension Branch	
Pension Branch code	
Pension Account no.	
IFSC code	

I intend to join the Family Floater Group Health Insurance under SBI Health Assist scheme of State Bank of India. I hereby exercise my options as per the following :

Sum Insured (Rs. in Lacs)	Premium details for Basic Cover			
	Basic Premium (Annual)	GST @ 18%	Gross Premium (Rounded off) (A)	Please Tick Opted Plan
3,00,000	17,343	3121.74	20,465.00	
5,00,000	38,552	6939.36	45,491.00	

Premium details for Additional Super Top cover					
Base plan (Amt. in lacs)	Additional Super Top-up (Amt. in lacs)	Basic premium (Annual)	GST @ 18 %	Gross Premium (Rounded off) (B)	Please Tick Opted Plan
3.00	11.00	5266.00	947.88	6,214.00	
	16.00	6531.00	1175.58	7,707.00	
	21.00	8572.00	1542.96	10,115.00	
5.00	14.00	9992.00	1798.56	11,791.00	
	19.00	11420.00	2055.60	13,476.00	
	29.00	17431.00	3137.58	20,569.00	
	39.00	23441.00	4219.38	27,660.00	

Sum Insured	Basic Premium (Annual)	GST @ 18%	Gross Premium (Rounded off) (C)	Please Tick Opted Plan
5,00,000**	14,441	2599.38	17,040.00	

****Critical Illness Cover will not be available separately and can be taken only with a base plan.**

****Members aged below 65 years as on 15th January 2024 to opt for Critical illness Plan**

Calculation of Total Annual Premium :

Premium for Basic Plan Opted with GST (A)	Additional Super top-up Premium (If any) with GST (B)	Critical Illness Plan Premium (If any) with GST (C)	Total Premium (with GST) A+B+C = D

i) Selection of e-Pharmacy Vendor –

The information regarding all four vendors is uploaded on <https://sbi.co.in/web/personal-banking/pension-seva> . Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference

- 1. Medibuddy**
- 2. Pharmeasy**
- 3. TATA 1MG**
- 4. Ur Life**

I hereby select vendor M/S _____ as my e-Pharmacy vendor for providing services during Policy year 2024-25. To enable the vendor so selected to allow access to the services offered by them, I authorize the Bank to share my PF ID/ contact details and details of my/ my family members to such vendor, for which I give my consent herewith.

ii) Declaration of Nominee

I, Mr./Mrs./Ms. _____ , a pensioner of the Bank/ a retired employee / spouse of the deceased employee do hereby assign the money payable by “**SBI General Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient discharge of the company.

iii) Debit Authority for Super Top-up Premium (Sponsored by Bank)

I hereby authorize Bank credit and debit the annual premium of **Rs.8,202.00** for Super Top-up cover of 6 Lacs from my pension.

iv) Debit Authority:

I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. _____ lacs under the Family Floater Group Health Insurance policy 'B'. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account / Savings Bank Account No. _____.

2Undertaking:

I am desirous of availing the "SBI Health Assist" Scheme ("Services") offered by the Bank through third-party agencies/service providers/vendors ("Third Party Entities"). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) ("Additional Services") through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities. I understand that availing of Additional Services will be on voluntary and chargeable basis. I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities.

I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

Date :

Signature of Retired Employee/ Spouse

For office use only

Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium in Mediclaim Collection Account No. _____ of Administrative Office as per the following details:

Transaction No. (Journal No.)

Date : _____

Amount : _____

State Bank of India

Name of the Forwarding Branch (Code No.) :

Place :

Date :

Signature of the Branch Manager with seal



ACKNOWLEDGEMENT OF PREMIUM PAID

Name of the applicant – PF ID -- Base plan – Additional Super Top-up Plan (if applied) -- Critical illness Plan (if applied)-- Application Submitted on:	For Branch use only Premium paid – Date of Transaction –
---	---

Signature of the Branch Manager with seal

ACKNOWLEDGEMENT OF PREMIUM PAID

(Year 2024-25)

'SBI HEALTH ASSIST'

GROUP MEDICLAIM POLICY FOR RETIREES

(to be given to the applicant by the Branch receiving this Application Form)

Received from Shri/Smt. _____

PF Index No. _____

This is to certify that Insurance Premium including GST for Rs _____

(Base Plan/ Additional Super Top-up / Critical Illness Cover) + Rs. 8,202.00 (Annual Premium for Super Top-up Cover of Rs. 6.00 Lacs) = Rs. _____

(in words Rupees _____

_____) has been received for enrolment in Mediclaim Collection

Account No _____ of Administrative Office for the above Mediclaim Policy.

Date _____

**Signature of the Branch official
issuing the certificate**

'SBI HEALTH ASSIST' POLICY (2024-25)

Premium Chart

A. Base plan

Basic Sum insured	Basic Premium	GST (@18%)	Gross Premium (Rounded off)
300000	17,343.00	3,121.74	20,465.00
500000	38,552.00	6,939.36	45,491.00

B. Additional Super Top Plan

Basic Sum Insured	Additional Super Top-up Cover	Basic premium	GST (@18%)	Gross Premium (Rounded off)
3,00,000	11,00,000	5,266.00	947.88	6,214.00
	16,00,000	6,531.00	1,175.58	7,707.00
	21,00,000	8,572.00	1,542.96	10,115.00
5,00,000	14,00,000	9,992.00	1798.56	11,791.00
	19,00,000	11,420.00	2055.60	13,476.00
	29,00,000	17,431.00	3137.58	20,569.00
	39,00,000	23,441.00	4219.38	27,660.00

C. Critical Illness Plan

Critical illness Cover	Basic premium	GST (@18%)	Gross Premium (Rounded off)
5,00,000	14,441.00	2,599.38	17,040.00