

# STATE BANK OF INDIA OFFICERS' ASSOCIATION

## (BENGAL CIRCLE)

(Registered under Trade Unions Act 1921-Regd. No. 6908)

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IP No. 500077


Circular No. 04/2017

Date : 10.01.2017

### To All Members (Please Circulate)

We reproduce hereunder the Circular No. 04 dated 10.01.2017 issued by General Secretary, All India State Bank Officers' Federation, the contents of which are self-explicit.

With revolutionary greetings,

  
Soumya Datta  
(General Secretary)


### To all our Affiliates / Members:

#### **FAMILY FLOATER GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY – B) BANKS CIRCULAR NO. CDO/P&HRD – PPF G/82/2016-17 DATED 06.01.2017**

We have to-day sent a communication to the Management on the captioned subject. A copy of the same is enclosed for information.

2. All our members/affiliates are requested to await further developments in this regard.

With greetings,

  
(Y.SUDARSHAN)  
GENERAL SECRETARY

No.6724/02/17

To,  
The Deputy Managing Director & CDO,  
State Bank of India,  
Corporate Centre,  
Madame Cama Road,  
**MUMBAI - 400 021.**

Dear Sir,

DATE: 10.01.2017

#### **FAMILY FLOATER GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY – B) BANKS CIRCULAR NO. CDO/P&HRD – PPF G/82/2016-17 DATED 06.01.2017**

With reference to the above, we have the following observations and suggestions to make, as under:

2. The premium for all the plans under 'Policy – B' have gone up substantially (more than 3 times). This is because of the enhanced claim ratio and also taking into account the cost of domiciliary treatment. But, there are existing members under the earlier REMBS plan who were shifted to 'Policy – A'. Such members already have an amount fixed at 25% of the plan subject to a cap of Rs. 25,000/-, Rs. 50,000/-, Rs. 75,000/- and 1 lac for the various plans under 'Policy – A' for domiciliary treatment. For such members who already have a provision for domiciliary treatment under 'Policy – A', the provision for domiciliary treatment under 'Policy – B' may be unnecessary. So when they also become members of 'Policy – B', they are paying a higher premium because the cost of domiciliary treatment is loaded in 'Policy – B', making the premium exorbitant.

3. Therefore we suggest that:

a) Under 'Policy - B' another scheme/plan should be provided for, without domiciliary treatment. Therefore without domiciliary provision, such a scheme will have a lesser premium which can be availed by officers who are already members of 'Policy – A'. Alternately, at the same premium, they can avail a higher cover. This will help those under REMBS ('Policy - A') and reduce their burden on account of 'Policy - B'.

b) Secondly, as the mediclaim is a welfare measure, and as the burden on the retirees is too much on account of the rise in the premium, the Bank can subsidise the premium to the extent possible which will go a long way in mitigating the hardship of our retirees, and be a good will gesture.

4. Please take a look at the above and do the needful.

Thanking you,

Yours faithfully,  
Sd/-  
(Y.SUDARSHAN)  
GENERAL SECRETARY

**Soumya Datta**  
General Secretary  
Mobile : 9830044737