



FEDERATION OF PENSIONERS' ASSOCIATION

STAFF: MISCELLANEOUS

STAFF WELFARE SCHEME

ASSISTANCE TO RETIRED EMPLOYEES IN CASE OF CRITICAL ILLNESS

REVIEW

Please refer to our e-circular No. CDO/P&HRD-IR/107/2017-18 dated 21/03/2018, wherein the details of the captioned scheme have been advised.

2 The scheme has been reviewed by the competent authority and with a view to further rationalize, simplify and improve the scheme for the benefit of our retired employees, the following changes/modifications are being made:

Sl.	Existing Instructions	Proposed Instructions
a)	The captioned Scheme covers following 5 diseases: i) Cancer ii) Cardiac Surgery iii) Kidney/Liver Transplant iv) Dialysis v) Illness/Accidents of serious nature involving major surgeries / life support system.	The captioned Scheme will now cover following 6 diseases: i) Cancer ii) Cardiac Surgery iii) Kidney/Liver Transplant iv) Dialysis v) Illness/Accidents of serious nature involving major surgeries / life support system. vi) COVID-19
b)	For retirees covered under REMBS Scheme: The assistance is provided to the extent of 50% of the eligible medical expenses incurred over and above the amount paid under the medical scheme/insurance policy. The maximum assistance is Rs.5.00 lacs per retiree, per annum (including spouse)	For retirees covered under REMBS Scheme: The assistance will be provided to the extent of 100% of the eligible medical expenses incurred over and above the amount paid under the medical scheme/insurance policy. The maximum assistance will be Rs.7.00 lacs in a year per person (i.e. Husband and Wife)
c)	For retirees not covered under REMBS Scheme: The Bank deducts Rs. 3.00 lacs and then provide assistance to the extent of 50% of the remaining eligible medical expenses. The maximum assistance is Rs. Rs.5.00 lacs per retiree, per annum (including spouse)	For retirees not covered under REMBS Scheme: The Bank will deduct Rs. 3.00 lacs and then provide assistance to the extent of 100% of the remaining eligible medical expenses. The maximum assistance will be Rs.7.00 lacs in a year per person (i.e. Husband and Wife)

- d) The coverage of this welfare scheme is applicable only for medical treatment involving hospitalisation. Medical expenses incurred on domiciliary treatment are not covered under this scheme.
- e) The structure of the 3-member Committee for examining /approving/rejecting the proposals will be - General Manager (OL & CS), Deputy General Manager (IR) and Chief Medical Officer. In the absence of any of the above officials, their relief arrangements will attend the meeting.
- f) The Committee meeting will continue to take place at monthly intervals whenever claim applications are available.
- g) All the applications, whether approved or declined, will be returned to the respective Administrative Offices, who will return only the rejected applications to the applicant on the recorded address and keep the approved applications in their records.
- h) A few changes have also been made in the format of the documents to be submitted alongwith the proposal. The revised formats are placed as Annexure.

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|-------|----------------------------------|---|------------|
| (i) | Application by Retired Employees | - | Annexure A |
| (ii) | Checklist for forwarding | - | Annexure B |
| (iii) | Recommendation of the A.O. | - | Annexure C |
| (iv) | Summary Sheet | - | Annexure D |

3. All other terms and conditions of the scheme will remain unchanged.
4. Please bring the contents of the Circular to the notice of all concerned.
5. The effective date of the Circular is 1st September 2021.

ANNEXURE A

**APPLICATION BY RETIRED EMPLOYEES/ OFFICERS/ FAMILY
PENSIONERSFOR ASSISTANCE IN MEETING MEDICAL EXPENSES
IN RESPECT OF IDENTIFIED CRITICAL DISEASES**

Sr. No	Employee Details/Particulars	Description
1.	Name of the Retired Employee/ Family Pensioner	
2.	Name of the Retired Employee (in case of family pensioner)	
3.	PF No.	
4.	Address & Mobile No.	
5.	Grade in which the employee retired	
6.	Name & Code of Pension Paying Branch	
7.	Account No.	
8.	Name of the family member hospitalized /undergoing treatment	
9	Relationship with the Retired Employee	
10	Any claim taken under this scheme in current Financial Year	
10.	Particulars of Treatment a) Name of the Disease b) Period of Hospitalisation	
11.	Total Expenses Incurred	
12.	Details of Insurance: a) Policy No. b) Amount c) Amount of Claim received	

I certify that the above particulars are true to the best of my knowledge.

(Signature of the Retired Employee/ Family Pensioner)

ASSISTANCE TO RETIRED EMPLOYEES IN CASE OF CRITICAL ILLNESS
CHECKLIST

Particulars	Yes/No
Duly filled Application Form of Retired Employee (in original)	
Recommendation of Deputy General Manager (B& O)	
Doctor's Prescription & Treatment Bills duly signed by the retired employee	
The Hospital/ Pharmacy Bills duly scrutinized by the Bank's Medical Officer at AO, identified the non-payable items and putting his/her signature and stamp on each page of the bill as a proof of having scrutinized them	
The total amount of the bill submitted by the retired employee tallies with the actual expenses incurred	
Summary Sheet (Annexure D), Under the signature of CM (HR) at AO, indicating the actual expenses incurred and admissible amount payable by the Bank (admissible expenses to be arrived at, as per the eligibility and deducting the expenses on non-payable items, the eligibility for 'Bed' shall be as per the scale/ grade in which the employee has retired)	
Discharge summary of the Hospital duly signed by the retired employee	
Claim settled/ Rejected Statement duly signed by the retired employee if covered under REMBS Policy A, Policy B	
Pensioner covered under REMBS/Policy 'A'/ Policy 'B' (shall be verified)	
Insurance Claim Amount received by the applicant	
Is pensioner an employee of e-AB who retired prior to 01.04.2017? (such employees are not covered under the scheme)	
Date of Retirement from State Bank of India	
Details of the application have been entered in portal opened for the purpose in SBI Times (the link is Human Resources-Imp News- Assistance to Retired Employees in case of Critical Illness)	
Claim taken in current Financial Year, if yes when	

Note: **Pathological/Radiological reports are not required to be attached.**

CHIEF MANAGER (HR)

Mob:

ANNEXURE C**Recommendations:**

Scrutinized the bill and **Not Payable** items identified and marked.

Mobile No. **Bank Medical Officer**

Not Payable expenses deducted from the claim amount. Claim is as per eligibility.

Mobile No. **Chief Manager (HR)**

Proposal has been scrutinized and recommended for Corporate Centre consideration.

Date:

Stamp/Seal **Deputy General Manager (B & O)**

For calculation at Corporate Centre:

Sr. No.	Particulars	Details
1.	Total expenses	
2.	Amount received from Insurance Claim	
3.	a) Residual Amount (1 minus 2) b) Admissible Assistance (Max Rs.7.00 lacs)	
4.	a) Amount (Item 1 minus Rs. 3.00 lacs) b) Admissible Assistance (Max Rs. 7.00 lacs)	

Approved an amount of Rs. _____ / Declined (with reason)

General Manager (OL & CS)

DGM (IR)

Chief Medical Officer

Date:

(Committee Members)

SUMMARY SHEET

(to be submitted by A.O.)

Name of The Patient :

Nature of Disease :

Details of Expenses:

	Particulars	Actual Incurred	Eligible amount
1	Hospitalisation Exp / Bed Charges		
2	Investigations		
3	Medicines & Drugs		
4	Consultation Fee		
5	Other Expenses		
6.	Total Expenses		
Insurance claim amount			
Residual amount (after claim)			
Request submitted for			

All the expenses have been verified by me.

Chief Manager (HR)

Name:

Date:

Contact: