



झारखण्ड राज्य ग्रामीण बैंक

(भारत सरकार, झारखण्ड सरकार एवं भारतीय स्टेट बैंक के स्वामित्व वाला बैंक)

**JHARKHAND RAJYA GRAMIN BANK**

(Owned by Govt. of India, Govt. of Jharkhand & State Bank of India)

Head Office : Market Complex, Third Floor,  
Zila Parishad Office Premises, Kutchery Road, Ranchi-834001

Website : www.jrgb.in  
Email ID : ho@jrgb.in

<b>Circular Letter No. 37/2020-21</b>	<b>Subject: Group Health Insurance Policy for Retirees/family pensioners of the Bank</b>
<b>Ref. No. JRGB:HO:HRD</b>	<b>Date: 05-11-2020</b>

**ALL REGIONAL MANAGERS/BRANCH MANAGERS  
ALL REGIONS/BRANCHES/OFFICES  
ALL RETIREES/FAMILY PENSIONERS**

**GROUP HEALTH INSURANCE SCHEME  
FOR RETIREES/FAMILY PENSIONERS OF THE BANK**

**EXTENSION OF DATE OF SUBMISSION OF OPTION**

Please refer to Bank's Circular Letter No. 31/2020-21 dated 12.10.2020 on the captioned subject whereby it was advised to all the pensioners/family pensioners to submit their option till 31.10.2020 intending to join the Group Health Insurance Scheme for Pensioners/family pensioners.

2) We have observed that HR Department, Head Office has received only **61** option form submitted by the retirees till 31.10.2020 to join the scheme which was not found sufficient. The adoption of the Group Health Insurance Policy for retirees shall be finalized after getting sufficient number (minimum 50% of total pensioners i.e. 450) of option form/intention from Retirees/family pensioners acceptable to the Insurance Company in this regard.

**3) Keeping in view the above, the date of submission of Option/intention to join the Scheme is extended upto 30.11.2020. It is advised to all the Retirees/family pensioners, if they are interested to join the scheme, please submit their Option Form in the prescribed format (Enclosed as Annexure-II) to the Bank intending to join the Group Health Insurance Scheme (without Domiciliary coverage) on or before 30<sup>th</sup> November, 2020 (Monday).**

4) Please bring the content of this circular letter to the knowledge of all the Retirees/family pensioners/staff of the Bank. The circular letter is also available in Bank's Website "[www.jrgb.in](http://www.jrgb.in)".

(Nagendra Kumar Sinha)  
**General Manager**

**Encl: As stated above.**

**OPTION FORM/AUTHORITY LETTER FOR GROUP HEALTH INSURANCE POLICY  
FOR RETIREES/FAMILY PENSIONERS OF THE BANK**

Date: .....

**To,  
The General Manager  
Jharkhand Rajya Gramin Bank  
Head Office, Ranchi**

**Subject: Request for joining in the Group Health Insurance Scheme based on the terms & conditions as defied in the 10<sup>th</sup> Bipartite of IBA for Retirees/family pensioners**

Dear Sir,

I, \_\_\_\_\_ (Full Name),  
Emp. ID/PPO No. - \_\_\_\_\_, is Retirees/Family Pensioner of the Bank. In reference of the Bank's Circular Letter No. 31/2020-21 dated 12.10.2020, I intend to join the Group Health Insurance Scheme for Retirees/family pensioners of the Bank based on the terms & conditions as defied in the 10<sup>th</sup> Bipartite of IBA.

2) I hereby declare that I shall pay the premium as per the rates decided by the New India Assurance Company Limited for the mentioned scheme/policy for Retirees/family pensioners.

3) **I authorise the Bank voluntarily to debit my SB Account No. .... maintained with ..... (Pension Paying Branch Name) for payment of the premium for the Group Health Insurance Scheme as mentioned in the Bank's Circular Letter No. 31/2020-21 dated 12.10.2020.**

Yours faithfully,

**(Signature of the Pensioner/Family Pensioner)**

Name of Retiree/Family Pensioner : \_\_\_\_\_  
Emp. ID/PPO No. (Issued by Bank) : \_\_\_\_\_  
Postal Address : \_\_\_\_\_  
Email ID/Mobile No. : \_\_\_\_\_

**Signature of Branch Manager with Seal:**

(Pension Paying Branch)

**(Note: Signature of the Pensioner/family pensioner must be verified with the available record in CBS by Branch Manager of the Pension Paying Branch)**