मानव संसाधन प्रभाग, प्रधान कार्यालय,
प्लाट सं 4, सेक्टर 10, द्वारका, नयी दिल्ली
HUMAN RESOURCES DIVISION HEAD OFFICE,
PLOT No. 4, SECTOR 10, DWARKA, NEW DELHI

TO ALL BRANCHES/OFFICES. **Date: 07-10-2025**

HUMAN RESOURCES MANAGEMENT DIVISION CIRCULAR NO. 846/2025

REG: INDIAN BANK'S ASSOCIATION (IBA) GROUP MEDICAL INSURANCE SCHEME FOR RETIRED OFFICERS/ WORKMEN EMPLOYEES-CONSENT SUBMISSION FOR THE POLICY PERIOD FROM 01.11.2025 TO 31.10.2026

The present IBA's Group Medical Insurance Policy for retired employees is valid till 31.10.2025 and to ensure continuous medical coverage under the policy, premium for renewal of the policy for the period 01.11.2025 to 31.10.2026, is to be remitted in the month of October 2025.

We have received communication from IBA, informing that National Insurance Company Limited (NICL) has been chosen as the Lead Insurer for arranging the Medical Insurance Policy for the policy period 2025-26. The salient features of the policy with modifications and the premium rates have been circulated vide HRMD Cir 845/2025 dated 19.09.2025.

For opting coverage under IBAs Group Medical Insurance Policy 2025-26 (Base Sum Insured/Top up Policy/Add on coverage for physically/mentally dependent child), retired employee is required to submit fresh request. Procedure for submission of consent for enrolment under the policy period 2025-26 is as under:

1. **OPTIONS FOR SUBMITTING CONSENT:**

In order to make the process of submitting consent by retirees convenient, facility to submit option through HRMS mobile application "PNB PARIVAR 2.0" has also been provided in addition to the submission through HRMS Self Service and manual submission of consent form at the branch, as per **Annexure-I.**

As the terms of the policy period 2025-26 has changed, consent already submitted by retiree for earlier policy period shall not be considered as consent for policy period 2025-26. All the retirees willing for coverage to submit their consent form exercising their option

carefully latest by **24.10.2025 (Friday**) as the HRMS window will be closed after 5.00 PM on **24.10.2025**.

For opting for coverage under IBAs Group Medical Insurance Policy 2025-26, retiree to submit fresh consent through options mentioned hereunder:

1.1 **Submitting Consent through mobile app "PNB PARIVAR 2.0" -** Retired employees can submit their consent in HRMS mobile application "PNB PARIVAR 2.0" through Self Service option as per the navigation given below:

Retiree Self Service → Staff Welfare → IBA Group Medical Insurance Consent

While submitting consent through HRMS APP, requirement of uploading the consent form and verification is not required. Once the consent is submitted, premium amount will be debited from the account on **real time basis**.

1.2 **Submitting Consent through HRMS Self Service -** Retired employees can submit their consent in HRMS **(https://hrms.pnb.bank.in/)** through Self Service option as per the navigation given below:

Retiree Self Service → Staff Welfare → IBA Group Medical Insurance Consent

While submitting consent through HRMS Self Service, requirement of uploading the consent form and verification of consent has been dispensed with. Once the consent is submitted, premium amount will be debited from the account on **real time basis**.

1.3 **Submitting Consent at Branch/ Offices -** Duly filled consent form (Annexure I) can be submitted at any of the branch/ office for entering in HRMS. Officials at branch/ offices should enter & verify (maker & checker) the details as per the consent form submitted. Maker will upload the consent form after entering the correct details as per consent form in HRMS as per the navigation given below:

Manager Self Service → Welfare Schemes → IBA Group Medical Insurance Consent → Add New Value → Select Policy Period (2025-26) → Enter the Empl. ID → Add

Officials at branch/ offices shall verify the details as per the consent form submitted. Once Checker approves the details, premium will be debited from the retirees account on **real time basis**. The navigation for Checker is given below:
Manager Self Service → Welfare Schemes → IBA Group Medical Insurance Consent → Find Existing Value → Enter the Empl. ID → Search

2. OPTION FOR OPT OUT / CANCELLING OF CONSENT:

2.1 In case, after submitting the consent as above, retiree wants to opt out of the policy or desire to change coverage amount, he/she may do so by cancelling the request in HRMS through Self Service/PNB Parivar App 2.0/CO/ZO/Branch.

2.2 Option will be cancelled at HO level and full amount will be reversed in retiree account from which the amount was debited and thereafter retiree may submit the revised consent. Retiree may utilize his cancellation option, by the latest one day before the last date of submission of consent i.e.**23.10.2025**

2.3 **Only one cancellation option will be available with retirees,** i.e. retirees may opt for cancellation of his/her 1st option, thereafter he/she may submit 2nd option. However, the 2nd option will be the last which can not be cancelled and will be treated as final consent.

Further, as the current policy for serving employees is valid till 31.10.2025, the employees retiring in the month of October 2025 may enroll themselves for IBA GMI policy for retired employees 2025-26.

All concerned are informed that the bank will be in position to provide medical cover only to the retirees whose consent is submitted within the prescribed time frame i.e. on or before 24.10.2025. Retirees are also requested to ensure that their pension account is in operative status with sufficient balance to cover the premium amount as the amount will be debited on real time basis.

All concerned (Branches/ Offices) are also advised to take appropriate steps to bring the content of this circular to the knowledge of the retirees, drawing pension from their branches/ offices, so that willing retirees may become members of the above Insurance Scheme. Branch officials are also advised to be careful while entering the details in HRMS.

In case of any query, branches/offices/retirees may contact at below mentioned Mobile No. & email id –

- **Ankit Yadav – 9599884177**
- **Minali Chaudhary – 8091341406**
- **hrdhospitalisation@pnb.co.in.**

(AMARENDRA KUMAR)
GENERAL MANAGER

पंजाब नैशनल बैंक
मानव संसाधन प्रभाग, प्रधान कार्यालय,
PUNJAB NATIONAL BANK
HUMAN RESOURCES DIVISION HEAD OFFICE

ANNEXURE - I

CONSENT FORM –IBA GROUP MEDICAL INSURANCE

THE DY. GENERAL MANAGER
HUMAN RESOURCE MANAGEMENT DIVISION,
PUNJAB NATIONAL BANK,
HEAD OFFICE, NEW DELHI 110075

REG: IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES - POLICY PERIOD 2025-26

PF NO		EMPLOYEE NAME	
DOB		CADRE / DESIGNATION WITH SCALE	
STATUS OF RETIREE	ALIVE ☐	GENDER	
	DECEASED ☐	SEPERATION REASON	
RETIREMENT DATE		MOBILE NO.	
WANT TO APPLY FOR SPOUSE		**YES / NO**	

IF "NO" STATE THE REASON AS UNDER:
- A) RETIREE DOES NOT HAVE SURVIVING SPOUSE ☐
- B) RETIREE DOES NOT REQUIRE INSURANCE COVER FOR SPOUSE ☐

SPOUSE NAME		ALIVE (SPOUSE)	**YES / NO**
DOB (SPOUSE)		GENDER (SPOUSE)	

WANT TO APPLY FOR ADD ON COVERAGE FOR EACH PHYSICALLY/ MENTALLY CHALLENGED DEPENDENT FAMILY MEMBER (ONLY CHILDREN)	**YES / NO**

DETAILS OF PHYSICALLY/ MENTALLY CHALLENGED DEPENDENT FAMILY MEMBER (ONLY CHILDREN):

Sl. No.	DEPENDENT NAME	RELATIONSHIP (SON/DAUGHTER	DOB	GENDER

SUM INSURED **(BASE POLICY)**	**WORKMEN:** 300000 ☐ 400000 ☐	**OFFICERS:** 525000 (**SCALE 1 TO 5**) ☐ 525000 (**SCALE 6 & ABOVE**) ☐ 700000 (**SCALE 6 & ABOVE**) ☐
TOP UP REQUIRED	YES ☐	NO ☐
TOP UP AMOUNT	100000 ☐	200000 ☐ 300000 ☐ 400000 ☐

*** SINGLE RATES ARE APPLICABLE FOR RETIREE WITHOUT SPOUSE AND SURVIVING SPOUSE (FAMILY PENSIONER)**

*** ADD ON PREMIUM FOR EACH PHYSICALLY/ MENTALLY CHALLENGED DEPENDENT FAMILY MEMBER (ONLY CHILDREN) WILL BE INCORPORATED IN THE BASE PREMIUM.**

CORRESPONDENCE ADDRESS		
		PIN CODE
E-MAIL ID		

I AGREE AS UNDER:

1. I authorize the bank to debit insurance premium amount as per my consent from my below mentioned account for the current policy period

A/C NO.	

2. I have sufficient balance in the aforesaid account.
3. In case I intend to withdraw from the scheme, I shall inform the Bank before renewal of the policy.
4. The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
5. I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
6. The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/ settled by the Insurance Company on the basis of claim documents, and the Bank is not involved in this process.
7. I have read terms and conditions of policy renewal circulated by bank vide HRMD Cir. ---------/2025 dated ----------.

Date: Place: Signature:

Acknowledgement

Received consent form to join the Medial Insurance Scheme as per Circular No……. Dt……... Sh./Smt.…… PF No…….. The information received shall be entered and verified in HRMS.

Signature of Bank Official with Stamp
Bo/Co…….