

Date: June 21, 2023.

## (A.I.B.P.A.R.C.)

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For circulation among members of the Governing Council, State Secretaries, Special Invitees, Advisors, Affiliates, constituents of CBPRO and Members.

Dear Comrade,

Sub: Group Medical Insurance Scheme for Bank Retirees for the year November, 2023 to October, 2024.

We reproduce hereunder the text of our letter written on 20.06.23 to The Chairman, IBA on above subject for information of members.

With best wishes & regards,

Suprita Sarkar

General Secretary

Quote:

AIBPARC/ IBA/GMISR/email/2023 Date: June 20,2023.

The Chairman.

Indian Banks Association,

Mumbai.

Dear Sir.

Sub: Group medical insurance scheme for Bank Retirees for the year November 23 to October 24.

We had a series of correspondence with you on the above subject and the last comprehensive letter in this regard was written on 22nd March, 2023.

We reiterate the principal points of the said letter for your ready reference and kind consideration:

The real stake holders of the GMISR are the Bank Retirees . IBA should have called upon the Apex Organisations of Bank Retirees to know their views. The so-called argument of IBA that it does not have any mandate from banks to talk to Retiree Organisations is an empty logic carrying no sense since the member banks pass the resolutions in this regard in various boards on a text dictated by IBA in writing.

Our organisation is opposed to the idea of making any qualitative degradation of the GMISR in the name of so called "improvement." When IBAseeks suggestions on "caps on various ailments," is it not known to IBA that acciling already exists which varies from place to place and that the insurance companies (TPAs) do not even always honour the so-called concept of ceiling which is applicable for a particular ailment at a particular place? Marginal benefits by major compromises on terms and conditions may be hailed as a welcome development by persons who by good fortune will not be admitted to hospitals during the operative period of the policy but the persons who will need to use the policy will have to undergo severe financial crisis by making huge payments from his/her resources at the time of release.

We believe that IBA's stand in this regard is not at all in consonance with the letter of DFS, MOF, GOI dated 24.02.2012 which says "Bank may consider the option of Group Insurance Policies for both serving and retired employees instead of direct payment of benefit from the fund." How come that the retirees will have to be put to so much of financial hardship by making an ever-increasing premium which at present has reached the intolerable height? This is an area on which we have harped again and again but it has turned to be a weeping in the wilderness. The Employers cannot shake off their hands completely from the minimum most humanitarian responsibility which they should have towards the retired employees.

- The policy of the working employees and the retirees should be clubbed together.
- The premium of working employees and retirees should also be the same and for calculation of claim ratio, such single/merged policy should be taken as base.
- The base limit for providing super top up facility should not be cadre-based. It should be based on cover limit.
- · IBA shall have to take effective steps with the GST Council/GOI for waiver of GST components on insurance premium.
- Provision of super top up policy should be made available for all slabs of base policies.
  Moreover, there should be provision of super top up cover over and above the normal super top up cover at reasonable cost in respect of certain critical illnesses.
- There should not be any discrepancy in the amount of premium in any slab of base policy and/or combination of base policy and super top up policy. We have pointed out several such discrepancies in the past by giving illustrations. Hence the issue is known to you.
- . Fixation of domiciliary premium has been an unrealistic mockery and it displays non-application of mind on the part of the insurance company.
- . The premium once determined should be kept unaltered for at least 3 years. The policy should cover retired employee, his spouse, dependent children and also physically and mentally retarded children.

- . The one-month gap between the cover of serving employees policy and the retirees' policy should be removed.
- The retirees who could not join earlier in the policy or had discontinued from the policy for financial constraint should be allowed to join the policy as has been permitted in certain years. All the Retirees should be covered by the GMISR as is available for Serving Employees and Officers.
- · For retirees staying abroad during the policy renewal, IBA should advise the Banks to make provision in the system for renewal by such people.
- . Apart from what has been told in the foregoing paragraphs, there are lots of problems/ issues which can be sorted out by bilateral discussion between IBA and Retiree Organisations. Some such issues are: Transportation charges of patients by vehicles other than ambulance, coverage of all modern therapies and hormone injections for treatment of cancer patients, appointment of such TPAs only which have uniform network throughout the country etc.
- The IBA policy should be extended to all member Banks as the Retirees joined the policy in the year 2015 and any discontinuance for them is in the nature of violation of contract as other policies have the retrograde clauses of "pre-exiting diseases" and "waiting period".
- . The norm of creation of Staff Welfare Fund should be immediately changed. It is old over a decade. After merger of several nationalized Banks, the number of human hands has gone up considerably whereas the upper ceiling remains the same. Moreover, the formula of calculation of the quantum of funds needs an immediate review. It should be 3% of operating profit instead of net profit without any ceiling.
- To avoid the annual hazard causing lot of mental hardship for a Retiree, an alternative idea to the existing scheme may also be thought of. The introduction of a separate scheme in line with Central Government Health Scheme (CGHS) on payment of a one-time contribution. This gesture is all the more expected when the Retired Chairmen, M Ds, EDs and in some Banks very Senior Executives of the rank of Chief General Manager are given Full Medical Reimbursement without any ceiling and most importantly without any contribution whatsoever from them. In fact, there should not be any discrimination among the Retirees in respect of Healthcare.

## To conclude:

- 1) We want immediate discussion between IBA and Apex level Retiree Organisations on issues relating to GMISR.
- 2) We do not want any qualitative and quantitative degradation of the terms and conditions.
- 3) We want that IBA will follow the directives of DFS where there is no word about payment of premium by retirees.
- 4) We want evolving out a scheme which has a human touch to the Retired Employees. With Kind Regards.

K V Acharya

President, AIBPARC

& Joint Convener, CBPRO

Suprita Sarkar

General secretary

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