KARNATAKA GRAMEENA BANK ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್	HEAD OFFICE: BALLARI	Memo No:	87/2026-27
	HUMAN RESOURCES WING	Index No:	18/2026-27
	STAFF SECTION	Date:	15.06.2026

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES /SPOUSE OF DECEASED RETIRED STAFF OF THE BANK.

Bank had announced Group Health Insurance scheme to Retirees and spouse of deceased retired staff members. The said scheme was implemented and further being renewed for a period of one year.

Current insurance policy is due for renewal from 02.07.2026. Hence, the Bank had floated RFQ calling for quotations from various Insurance Companies for renewal of subject Group Health Insurance Policy.

Accordingly, the Bank has received quotations from two Insurance Companies. On completion of due tender process, M/s New India Assurance Company Ltd. has emerged as L1 bidder.

Policy Renewal details are as below:

Insurance Company	**M/s New India Assurance Co. Ltd**
Insurance Broker	**M/s K M Dastur Reinsurance Brokers Pvt. Ltd**
Third Party Administrator (TPA)	**M/s Medi Assist India TPA Ltd.**
Policy Period	**02.07.2026 to 01.07.2027**
Policy Terms and Conditions	May refer the Bank's website under "Tenders" section **"RFQ FOR GROUP MEDICLAIM (GMC) HEALTH INSURANCE POLICY FOR RETIREES / SPOUSE OF DECEASED RETIRED STAFF MEMBERS OF KARNATAKA GRAMEENA BANK".**

Premium details are as below:

Sum Insured	Total Premium including GST for Self Only option	Total Premium including GST for Self + Spouse Option
₹ 1.00 Lakh	₹ 19,458	₹ 38,512
₹ 2.00 Lakh	₹ 20,562	₹ 41,125
₹ 3.00 Lakh	₹ 22,886	₹ 45,771
₹ 4.00 Lakh	₹ 26,231	₹ 49,532

KARNATAKA GRAMEENA BANK ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್	HEAD OFFICE: BALLARI	Memo No:	87/2026-27
	HUMAN RESOURCES WING	Index No:	18/2026-27
	STAFF SECTION	Date:	15.06.2026

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES /SPOUSE OF DECEASED RETIRED STAFF OF THE BANK.

Enrollment:

The retirees /spouse of deceased retired staff who wish to enroll in the said health insurance scheme have to submit their willingness through any of the following options:

1. Completely filled and duly signed hard copy of Annexure A & B of Memo No.87 /2026-27 dated 15.06.2026 to HR Wing (Pension Cell), Head Office - Ballari.

OR

2. Completely filled and duly signed Annexure A & B may also be forwarded through email (by scanning in PDF format only) to the email id **insurance.rtd@karnatakagb.bank.in**

(Annexures sent to any other email id or address will not be considered)

OR

3. Through Google link shared by M/s K M Dastur Reinsurance Brokers Pvt. Ltd.

Willingness submitted by any of the above option should reach us on or before 25.06.2026, 05:00 PM. Requests received after the cutoff date and time will not be considered.

Retirees/Spouse of deceased retired staff need to go through the following before sending willingness option for health insurance scheme:

1. Bank is not responsible for non-coverage of members under the scheme inter alia due to following:
   a. Submission of incomplete Annexure-A & B.
   b. Any discrepancies in the said Annexures.
   c. If no clarity in the scanned copy of the Annexures.
   d. Non-Maintenance of sufficient funds in the pension drawing account to debit the premium on 01.07.2026 DOH.
   e. Willingness request received after 25.06.2026, 05:00 PM.

2. Enrollment in the scheme is at own risk of the retiree/spouse of deceased retired staff. The responsibility of the Bank is only to facilitate for payment of premium to the insurance company after collecting the same from the retiree/spouse of deceased retired staff.

3. In case the retirees/spouse of deceased retired staff do not submit the option for enrolment on or before 25.06.2026, it shall be presumed that they are not interested in getting insurance coverage under the subject policy and as such the Bank shall not assume responsibility under any circumstances

KARNATAKA GRAMEENA BANK ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್	HEAD OFFICE: BALLARI	Memo No:	87/2026-27
	HUMAN RESOURCES WING	Index No:	18/2026-27
	STAFF SECTION	Date:	15.06.2026

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES /SPOUSE OF DECEASED RETIRED STAFF OF THE BANK.

The insurance premium of only willing members will be debited from their pension drawing accounts and such members shall ensure to maintain balance required towards premium amount in their respective pension drawing accounts on **01.07.2026 during office hours (DOH).**

The option for pro-rata additions into the subject policy will be provided for staff members who are retiring during the period 02.07.2026 to 31.12.2026.

The contents of this Memo shall be brought to the notice of all the retirees/spouse of deceased retired staff drawing pension from the respective branches.

KAMBLE RAMCHANDRA TUKARAM

Digitally signed by KAMBLE RAMCHANDRA TUKARAM
Date: 2026.06.15 17:33:24 +05'30'

GENERAL MANAGER

To: All the branches/offices

KARNATAKA GRAMEENA BANK ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್	HEAD OFFICE: BALLARI	Memo No:	87/2026-27
	HUMAN RESOURCES WING	Index No:	18/2026-27
	STAFF SECTION	Date:	15.06.2026

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES /SPOUSE OF DECEASED RETIRED STAFF OF THE BANK.

Annexure - A to Memo No. 87/2026-27 dated 15.06.2026

(Irrevocable mandate for joining the health insurance policy for retired staff / spouse of deceased retired staff of Karnataka Grameena Bank)

From,

Name:

Staff No:

Address _____

_____

_____

_____

PINCODE: _____

Mob No: _____

To,

The General Manager,

H R Wing, Staff Section,

Karnataka Grameena Bank,

Head Office,

Sanganakal Road,

Gandhinagar,

Ballari – 583103

Dear Sir,

Sub: Irrevocable mandate for joining the health insurance policy for retired staff / spouse of deceased retired staff of Karnataka Grameena Bank.

I am happy to note that the Bank has initiated proposal of Group health Insurance policy for the retired employees and spouse of the deceased employee.

I have gone through the Memo No.87/2026-27 dated 15.06.2026 and the terms and conditions of the policy which is available in the Bank's website and I hereby submit my willingness to join the scheme.

Further, I am aware that the enrollment in the scheme is at my own risk and responsibility and the Bank will only facilitate for remitting premium to the insurance company.

I wish to enroll in the above scheme for a sum insured of ₹._____ and premium of ₹._____ under _____ option (Self/Self+Spouse).

I hereby authorize the Bank to debit renewal/fresh enrollment premium from my SB A/c. No._____ maintained with _____ Branch.

KARNATAKA GRAMEENA BANK ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್	HEAD OFFICE: BALLARI	Memo No:	87/2026-27
	HUMAN RESOURCES WING	Index No:	18/2026-27
	STAFF SECTION	Date:	15.06.2026

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES /SPOUSE OF DECEASED RETIRED STAFF OF THE BANK.

I shall deposit/maintain required balance amount in my SB Account. I know that in case there is no sufficient balance in my SB account I will not be covered under the subject scheme.

Yours Sincerely,

Signature _____ Date:

Name _____ Place:

KARNATAKA GRAMEENA BANK ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್	HEAD OFFICE: BALLARI	Memo No:	87/2026-27
	HUMAN RESOURCES WING	Index No:	18/2026-27
	STAFF SECTION	Date:	15.06.2026

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES /SPOUSE OF DECEASED RETIRED STAFF OF THE BANK.

Annexure - B to Memo No. 87/2026-27 dated 15.06.2026

Additional Details

1	Name of the Retiree/ spouse of deceased staff	
2	Staff Number	
3	Gender	
4	Date of Birth	
5	Age (Self)	
6	Mobile Number 1. Whatsapp Number 2. Alternate Number if any	_____ _____
7	Spouse Name	
8	Gender of spouse	
9	Date of Birth of spouse	
10	Age (Spouse)	
11	Address for Communication	
12	Email Id (Compulsory) for correspondence	

All the above fields are mandatory.

Place:

Date:

SIGNATURE

Name: _____

Staff No: _____