



ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್
KARNATAKA GRAMEENA BANK

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|---|----------|-------------|
| HEAD OFFICE: BALLARI | Memo No | 288/2025-26 |
| HUMAN RESOURCES WING | Index No | 87/2025-26 |
| STAFF SECTION | Date | 09.12.2025 |
| SUB: SUBMISSION OF WILLINGNESS BY RETIREES / SPOUSE OF DECEASED RETIRED STAFF TO ENROLL INTO RETIREES' GMC HEALTH INSURANCE POLICY. | | |

Detailed guidelines regarding renewal of Group Health Insurance scheme to retirees and spouse of deceased retired staff members of the Bank was communicated vide Memo No. 56/2025-26 dated 21.06.2025 and the insurance policy is already commenced from 02.07.2025 midnight.

Policy 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 | 02.07.2025 to 01.07.2026 |
| 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". |

Further, we wish to inform that M/s New India Assurance Co. Ltd has quoted below mentioned premium rates to retirees / spouse of deceased retired staff who are willing to join the policy from 01.01.2026 till the expiry of the policy i.e. 01.07.2026.

Eligibility:

eKaGB staff members who are retired / retiring during the calendar year 2025 are only eligible for enrollment into subject policy.

Pro-rata premium:

| Sum Insured | Total Premium including GST for Self Only option | | | Total Premium including GST for Self + Spouse Option | | |
|-------------|--|-------|--------|--|-------|--------|
| | Premium | GST | Total | Premium | GST | Total |
| ₹ 1.00 Lakh | 8,222 | 1,480 | 9,702 | 16,274 | 2,929 | 19,203 |
| ₹ 2.00 Lakh | 8,689 | 1,564 | 10,253 | 17,378 | 3,128 | 20,506 |
| ₹ 3.00 Lakh | 9,671 | 1,741 | 11,412 | 19,341 | 3,481 | 22,822 |
| ₹ 4.00 Lakh | 11,085 | 1,995 | 13,080 | 20,931 | 3,768 | 24,699 |

The eligible retirees / spouse of deceased retired staff who wish to enroll in the said health insurance scheme have to submit the format of enrolment as per

Annexure- A & B enclosed to this Memo on or before **26.12.2025** through email only to the email id **insurance.rtd@kgbk.in** by scanning in PDF format only.

The willingness option to join the said group health insurance policy, received after the due date i.e. 26.12.2025 are liable to be rejected and as such, the Bank shall not assume any responsibility under any circumstances for the lapse of coverage under the subject insurance Policy.

Further Mid-term inclusion on pro-rata basis:

Mid-term additions on pro-rata basis in to the policy are allowed only on the following occasions:

| | |
|---|--|
| 1 | From 01.04.2026 for eKVGB staff members who are retired / retiring during the period 01.04.2025 to 31.03.2026. - A separate Memo will be issued during March - 2026 for submission of willingness. |
|---|--|

The insurance premium of only willing members will be debited and such members shall ensure to maintain balance required towards premium amount in their respective pension drawing accounts on 31.12.2025 During Office Hours (DOH).

Please note that irrespective of date of debit of premium from the willing retirees, cover under the subject health insurance policy will start from 01.01.2026 midnight only.

Further, it is reiterated that, the bank is just a facilitator for the payment of the premium collected from the retiree / spouse of deceased retired staff. The submission of the claim under the policy has to be made directly by the retiree/spouse of deceased retired staff to the Third Party Administrator (TPA) and the responsibility of settling the claim lies with TPA.

The retiree / spouse of deceased retired staff concerned shall solely be responsible for the costs and consequence in the event of non submission of the claims and the Bank does not assume any responsibility in this regard.

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.

R T KAMBLE
GENERAL MANAGER

To: All the Branches/Offices

Annexure - A to Memo No.288/2025-26 dated 09.12.2025
(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: _____

Dear Sir,

To,

The General Manager,

H R Wing, Staff Section,

Karnataka Grameena Bank,

Head Office,

Sanganakal Road, Gandhinagar,

Ballari - 583103.

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.288/2025-26 dated 09.12.2025 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 _____ (Self/Self+Spouse) option.

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

_____ Branch.

I shall deposit/maintain required balance amount in my SB Account. I am aware 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:

Annexure - B to Memo No.288/2025-26 dated 09.12.2025

Additional Details

| | | |
|----|---|--------------------|
| 1 | Name of the Retiree/ spouse of deceased staff | |
| 2 | Staff Number | |
| 3 | Name of the erstwhile Bank | |
| 4 | Gender | |
| 5 | Date of Birth | |
| 6 | Age (Self) | |
| 7 | Mobile Number 1. Whatsapp Number 2. Alternate Number if any | _____ _____ |
| 8 | Spouse Name | |
| 9 | Gender of spouse | |
| 10 | Date of Birth of spouse | |
| 11 | Age (Spouse) | |
| 12 | Address for Communication | |
| 13 | Email Id (Compulsory) for correspondence | |

All the above fields are mandatory.

Place:

Date:

SIGNATURE

Name: _____

Staff No: _____