



STATE BANK OF MYSORE
HEAD OFFICE BANGALORE

RETIRED EMPLOYEES MEDICAL BENEFIT SCHEME II
Salient features of the existing Scheme vis-a- vis Scheme II (SBMREMBS II) are :

	Description	Existing Scheme	Proposed Scheme II
1.	<u>Eligibility to become Member:</u> Those who have retired under SBM VR Scheme provided they have put in at least 20 yrs of service / Pensionable service	Eligible	Not eligible
2	Amount of Contribution to become member i) All employees- Award Staff and Officers up to Scale V ii) TEGS VI and above	i) One month's gross Pension ii) TEGS VI & VII-Rs. 75,000 TEGSS I Rs. 90,000 TEGSS II Rs. 1,00,000	i) As per the Plan of choice of the scheme II (Plan A to E as per Annexure I) varying from two months gross Pension + 15% to Rs. 62,000/ ii) No change
3.	Maximum amount covered for the life time i) All employees- Award Staff and Officers up to Scale V ii) TEGS VI and above	i) Rs 2.00 lacs ii) TEGS VI & VII- Rs. 10 lacs TEGSS I Rs.15 lacs TEGSS II Rs. 20 lacs	As per the Scheme Plan chosen in item 2, varying from Rs. 2.00 lacs to Rs. 7.00 lacs ii) No change
4.	Cut off date to become a member	With in 3 months from the date of retirement	i), The employees retiring from service has to apply with in 3 months from date of retirement. ii) Those who have already retired – with in 12 months from the date of the circular (to be issued). The existing members, who do not opt for Scheme II, may continue to avail the benefit as per existing Scheme I
5	Number of ailments covered under the Schemes	Eleven	Twenty.
6	Domiciliary Treatment coverage.	Available only to Top Executives -TEGS VI and above but restricted to 1% of the maximum eligibility for the year.	To all the members but restricted to 1% of the maximum eligibility for the year as per the plan choice, as per item 2.

SBM Retired Employees' Medical Benefit Scheme II Application:

Date of receipt of application:	
Signature of the officer receiving the application :	

(Membership-cum-Declaration Form to be used by the retired/retiring employees)

Membership No of the Trust

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<p>A joint photograph of the member and spouse should be affixed in the box =></p> <p>(The Branch manager/Head of the Department receiving the application should attest the photograph. A copy of the photograph duly signed by the Branch Manager/Head of the Department receiving the application should also be enclosed with the form)</p>	
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1	Name of the employee	
2	Address	
3	Provident Fund Index Number	
4	Date of Birth	
5	Date of joining the service	
6	Date of confirmation in the service	
7	Date of retirement	
8	Retired/retiring as	
9	Age as on the date of retirement	
10	Whether Rule 19(3) was invoked on attaining the age of the retirement. If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if an imposed	
11	Name of the Branch/Office from where retired	
12	Whether retired/retiring on attaining the age of retirement/ superannuation or on medical ground on being declared permanently incapacitated by bodily or mental infirmity from further active service (such infirmity not being the result of irregular or intemperate habits) by a Medical Board constituted for the purpose and pension sanctioned under rule 28/30 / of SBM Employee's Pension Fund 1995 Rules. If retired on medical grounds, Copy of the report of Medical Board constituted for the purpose be enclosed.	

13	Branch from where pension is being drawn/ Proposed to be drawn			
14	Details of pension/provision/ pension (copy of pension payment advise/certificate of Provisional pension should be enclosed)	Basic Pension		
		Dearness Relief		
		Total		
15	Proposed Plan of the Scheme/Trust			
16	Contribution payable for the Plan (If already a member difference of amount already paid)			
	Members	Choice of Plan : A / B / C / D / E --		
	<u>Existing Member</u> Membership No:	Existing contribution paid		
		Additional amount payable		
		Total amount as per plan choice		
New Member	Contribution Amount as per plan choice			
17	If currently employed/ proposed to take employment if any, after retirement, please state the details of the current / proposed employer and medical benefits available there from			
18(a)	Name of the spouse			
(b)	Date of birth of the spouse			
19	If the spouse is currently employed, please state the details of her/his current employer and medical benefits available there from			
20	Details of invalid child/children, if any, who has/ have been sanctioned pension for life			
21	Details of Draft enclosed	Draft No:		
		Amount		
		Date of Draft		
		Issuing branch		
		Drawn on		

Date :
Place :

(Signature of the member)

We declare that –

- i. The particulars given above are correct.
- ii. We have read and understood the terms and conditions of the Scheme/ Trust and undertake to abide by the same.
- iii. We shall not make any false claim from the Bank under the Scheme/ Trust. In the event of our making an false medical claim or not settling the medical bill, we are liable to forfeit the benefits under the Scheme/ Trust as also our membership to the Scheme/ Trust.
- iv. We undertake to pay to the hospital all expenses in excess of our eligibility for treatment under the Scheme/ Trust and the Bank will not be liable for any such expenses in excess of our eligibility. The Bank is also hereby authorised to recover our share of the medical bill from our Pension/Family Pension/Bank Account or from the legal heirs in case this is not paid by us within 15 days of receipt of advice thereof. A copy of this authorization is being registered with the Trustees of the Pension Fund.
- v. We also note that in case the Board of Trustees decide to wind up the Scheme/ Trust and dispose off the contributions/income received by them in a manner deemed fit by them, we shall have no legal claim against the Bank or the Managing Committee or the Trust.
- vi. We also note to submit our claims preferably within 3 months of incurring the expenditure.

(Signature of the spouse)
Date

(Signature of the member)
Date

Branch : (Counter signature of the Branch Manager
Code Number: of the branch from where pension is being drawn)
Date: :

Acknowledgement

(To be given to the applicant by the branch /office receiving the form)

Received from Shri / Smt. _____ Membership-cum –
Declaration form (Annexure A) of the SBI RMBS-II along with the draft
No _____ dated _____ for Rs _____ issued by _____ and drawn
on _____ for onward transmission to PGP Department Head Office.

Date

Branch:

Branch Seal

Signature of the officer

FOR FURTHER DETAILS PLEASE CONTACT YOUR NEAREST BRANCH / BRANCH
FROM WHERE PENSION IS DRAWN