

PNB Parivar Bhavishya Arogya Yojna:

The salient features of the scheme are as under:

The scheme has two aspects, discussed at A & B below:

A. Medical Insurance coverage provided by the Bank:

Extent of Cover : Rs. 50,000/- (lifetime coverage)

Terms & Conditions: As per details of the scheme
Enclosed as Annexure - A

Eligibility : All regular employees of the Bank as
on 01.05.2006 who are at least 25
years of age

B. Self Contributory Scheme by Employees:

Supplementary Medical Insurance Cover may be opted for &
obtained on payment of additional Premium by an employee
as under :

- a. An additional medical insurance cover of self upto Rs. 4.50 lacs
- b. Medical insurance over for spouse upto Rs. 5.00 lacs.
- c. Medical insurance cover of Rs. 5.00 lacs each for children, including daughter(s)-in-law & son(s)-in-law.
- d. The minimum age of beneficiaries to be covered under b & c above is 25 years.

Request (Proposal Forms) for such cover/additional sum insured in respect of eligible family members/employees, along with the applicable Premium should reach the Oriental Insurance Company Ltd. Divisional Office No. 7, 86 Janpath, 3rd Floor, New Delhi-110001, directly in case of family members and through HRD Division Head Office in case of employees, on or before 31.5.2007, or before the policy retirement date opted for in the proposal form, which ever is earlier. It may be noted that no extension in time limit would be available for obtaining such additional sum insured / cover.

(HRD Division Circular No. 321 dated 25/05/2006)

Has any proposal for this or any similar insurance been refused/cancelled/higher premium charged?
If yes please give details :

Y/N	
-----	--

PREMIUM AMOUNT Rs.

--

CHEQUE DETAILS :

Cheque No.

Date

Drawn on

--

--

--

DECLARATION

I (Proposer) hereby declare and warrant that above statements are true, I agree that this proposal shall form the basis of contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in proposal form are incorrect or untrue the Insurance Company shall be under no liability under this Policy.

I have read the prospectus and am willing to accept the coverage subject to terms, conditions and exceptions prescribed by Oriental Insurance Company Limited.

Signature of Proposer

Date

Place

ORIENTAL INSURANCE COMPANY LTD.

DIVISIONAL OFFICE NO.1
 Jeevan Vihar Bldg., 4th Floor (Rear Block), Sansad Marg
 NEW DELHI - 110001

PROPOSAL FORM FOR BHAVISHYA AROGYA

(To be filled in by the PNB Employees)

PLEASE FILL IN ALL PARTICULARS IN BOXES IN BLOCK LETTERS. USE ONE BOX FOR ONE ALPHABET LEAVING ONE BOX AFTER EACH WORD. DO NOT SPLIT THE WORD USE NEXT LINE.

NAME OF PRPOSER

FIRST

MIDDLE

LAST

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS FOR COMMUNICATION :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

GENDER

--

MALE/FEMALE

DATE OF BIRTH

--	--	--

DD MM YY

--

OCCUPATION

*Please attach a copy of Matriculation certificate/Passport/Driving License/PAN Card/Voters ID Card/ BPL Card/Ration Card/Certificate of the Gram/Nagar Panchayat/Municipal Corporation.

POLICY RETIREMENT AGE (Choose any date from 55 to 60 years)

--	--	--

DD MM YY

SUM INSURED (Rs.)

--

Maximum 500000/-

Has any proposal for this or any similar insurance been refused/cancelled/higher premium charged?
If yes please give details :

Y/N	
-----	--

Premium Amount Rs.

--

Cheque Details :

Cheque No.	Date	Drawn on

DECLARATION

I (Proposer) hereby declare and warrant that above statements are true, I agreed that this proposal shall form the basis of contract should the insurance be effected. If after the insurance is effected, it is found that the statements, answers or particulars stated in proposal form are incorrect or untrue the Insurance Company shall be under no liability under this Policy. I have read the prospectus and am willing to accept the coverage subject to terms, conditions and exceptions prescribed by Oriental Insurance Company Limited.

Signature of Proposer

Date

Place

CERTIFICATE

This is to certify that the proposer is related to me and is my (son/daughter / son in law / daughter in law)

Signature of the PNB Employee

PF Number

--

Office Address

Phone Number

--

MEMORANDUM OF UNDERSTANDING

Parties to Memorandum of Understanding

This memorandum of understanding (MOU) is entered into by The Oriental Insurance Company Ltd. a Company incorporate under the provision of Companies Act 1956 having registered and Head Office at Oriental House A-25/27, Asaf Ali Road, New Delhi - 110001 (hereinafter called the Company) and Punjab National Bank a body corporate constitute under the banking companies (acquisition & transfer of undertaking) Act 1970 having its Head Office at 7, Bhikhaiji Cama Place, New Delhi and amongst others its HRD Division also at 7, Bhikhaiji Cama Place, New Delhi (hereinafter called PNB).

It is hereby agreed by and between the parties hereto as follows:

Objective

1. A tailor made policy will be issued to the employees of PNB and family members of the employees, which shall provide for the post retirement hospitalization needs of the PNB's employees and their families during their old age within India.
2. The said policy has been negotiated through PNB Principal Insurance Advisory Company Private Limited which is acting as Broker for this Policy.
3. The scheme is also available for the employees of subsidiary companies of Punjab National Bank and Regional Rural Banks sponsored by Punjab National Bank of the same terms & conditions, with whom separate MOU will be executed.
4. Only one Master Policy will be issued to the Bank However each employee covered under the policy shall be given separate certificate of insurance.
5. Where spouse and children of the employee are covered separate policies shall be issued.
6. Either party can close the scheme by giving one month's notice. However, policies already issued can never be cancelled by either party.
7. Policy copy is attached as annexure - A.

Personnel Covered

8. The Scheme shall be available to all the existing employees on rolls of PNB (including those on deputation) as on 1.5.2006, who are of the age group between 25-60 years. New employees and the existing employees below 25 years of age shall be joining the Scheme from 1st May after becoming eligible to join the Scheme as above. They shall exercise the option for higher sum insured as provided in clause 12, either from the date of joining the Scheme or by the first anniversary date after his joining the Scheme, provided the gap between the entry and retirement age is more than one year. In case, the employee opts for higher sum insured from first anniversary date, then premium at higher rate as applicable to the actual age at the time of opting of higher sum assured shall be payable.
9. The Scheme will also be made available to family members of PNB employees on the same terms & conditions. The family for the purpose of this scheme shall mean the spouse daughter(s), son(s) and daughter(s) / son(s) in law.

10. The proposal form in respect to family members of the employees shall be certified by the concerned employees. In the case of death of employees/retired employee, before the family members become eligible to take the policy the proposal form shall be certified by PNB. The company reserves the right to decline any proposal under exceptional circumstances by specifying the reasons for rejection.
11. For the purposes of determining the age for the family members following documents will be accepted. In case of PNB employees confirmation given by PNB will suffice.
 - Matriculation certificate
 - Certificate of the Gram / Nagar Panchayat
 - Certificate of Municipal Corporation
 - Passport
 - Driving License
 - PAN Card
 - Voters ID Card
 - BPL Card
 - Ration Card

Option Under the Scheme

12. Employees can opt for higher sum insured under the Scheme in multiples of Rs. 10,000/- (maximum upto Rs. 5.00 lacs). They shall have one time option to opt higher sum assured either from the date of joining the Scheme or by first anniversary date (31.5.2007) after his joining the Scheme, provided the gap between the entry and retirement age is more than one year Employees having gap of less than one year between the entry age and retirement age, shall have to opt for higher sum insured on or before Policy retirement date. Sum insured once selected can not be increased subsequently. In case, the employee opts for higher sum insured from first anniversary date, then the premium at higher rate as applicable to the actual age at the time of option of higher sum assured shall be payable.
13. In respect of higher sum insured (opted) by the employees of PNB, separate individual policy will be issued by the Company.
14. For the family members who will become eligible, subsequently the window to join the scheme shall be made available for a period of one year from the date they become eligible provided the difference between their entry age and retirement age is more than one-year.

Commencement or risk

15. In case of employees the risk shall commence on the day following the normal retirement date i.e. 60 years. Advancement / Postponement of this date for benefits under the policy is not permissible.
16. In case of spouse and children the risk commencement date can be any date between 55 to 60 years of ages as opted for in the proposal from.

Scope of Cover

17. The policy shall reimburse hospitalization/domiciliary hospitalization expenses up to Rs. 50,000/- incurred by the retired employee in India over the balance life span after the retirement to the employee.
18. Expenses incurred on pre hospitalization/post hospitalization are not payable.
19. The minimum sum insured is Rs. 50,000/- and can be increased in multiples of Rs. 10,000/-
20. The maximum sum insured under this policy will be Rs. 5,00,000/-
21. Sum Insured once selected cannot be increased subsequently.
22. The sum Insured represent the maximum amount available to the employee of the insured for expenses resulting from hospitalizations/domiciliary hospitalization during his balance life span after retirement.
23. The maximum amount of benefits available for any one illness/injury shall not exceed 40% of the sum insured under the policy.

Payment of Premium

24. The annual premium for sum insured of Rs.50,000/- for each and every employee shall be paid by Punjab National Bank and for higher sum insured opted for the premium shall be borne by the employee. However, the Premium for higher sum insured shall be deducted through the salary of the employee and remitted directly by PNB to the Company.
25. The premium for the spouse and the children will be completely borne by the employee/applicant and shall be sent directly to the Company by the employee/applicant. PNB assumes no responsibility for payment remittance of Premium on such Policies.
26. The Premium is based on the age of the employee/spouse/children and sum insured opted for as per Annexure-B.
27. The risk shall commence only on payment of last installment premium at the time the insured reaches the date of retirement under the policy. In case last installment is not paid on the due date, maximum for the first month and later with additional premium at a rate of 1% (of the applicable annual installment) per month or part there of up to the maximum period of six months including the grace period of 30 days. The risk will commence only from the payment of last installment. After expiry of six months from the due date of last installment the policy will be treated as lapsed and on benefits shall accrue thereafter.
28. A grace period of 30 days will be allowed in regard to payment of annual installment beyond this period additional premium shall be charged @1% (of the applicable annual installment) per month or part there of up to the maximum period of six months including the grace period of 30 days. If the premium installments are not received within these six months the policy shall automatically lapse and no benefits under the policy shall accrue there after.

Other Conditions

29. There shall be no option for mid term cancellation of the policy and refund of premium for whatsoever reason by either party in case of the death of the insured person before the risk commencement date (retirement age) future premium installment will not be payable.
30. The retirement date under the policy shall be Retirement age as per the record of the PNB.
31. The company shall open an Account in the name in one of the CBS Branches of PNB and the premium payable or deducted by PNB shall be credited to such A/c of the Company on or before the due (before 31st on May) and the detail of the employees for whom the Premium has been remitted shall be submitted to Company. The Premium on A/c of Policies taken for spouse or children can also be deposited by the concerned Policy holder in the said Bank A/c by giving Policy No. and the Company shall account for the same by procuring Statement of A/c from the Bank. The receipt given by PNB to the Policy holder will be accepted by the Company.
32. The employees, who cease to be in service of PNB for whatsoever reasons, will be required to bear the remaining premium towards the cover being taken by PNB, at their own end for which they shall have the option either to continue making payment on annum basis or in one shot. PNB, in no case, shall be liable to pay or ensure payment of premium to the insurer. No refund of premium will be given to them in case they do not pay the balance premium in one shot or on an annual basis, resulting, in cancellation of the Policy.
33. Any one illness will be deemed to mean continuous illness and include relapse with in 45 days from the date of discharge. Occurrence of same illness after a lapse of 45 days will be considered as fresh illness.
34. After commencement of risk cumulative bonus @ 5% for each claim free year will be given subject to maximum accumulation of ten claim free years in all during the entire policy period. In case of a claim under the policy the cumulative bonus shall freeze immediately with regard to that individual and no further cumulative bonus shall accrue to that person through out the entire policy period - This clause is under consideration if not approved by Oriental Insurance Company Limited then additional 2% discount will be given.
35. The insurer through its designated Third Party Administrator (hereinafter referred to as TPA) shall provide cash less hospitalization facility at designated network hospital throughout India. If the insured person avails the treatment at non network hospital and does not avail the cash less facility the insurer through its designated TPA will reimburse to the insured person the amount of such admissible expenses as are necessarily and actually incurred. All payments shall be made in India Rupees only.
36. Two copies of latest Postal Ticket size Photographs, duly signed & attested by PNB shall be provided a year before payment of the Last Premium to enable the TPA to issue Medi-Identity Card. The condition of providing Photographs as above shall be complied in respect of policies taken for family members also.

37. On arising of any claim immediate notice in writing shall be given to the insurer/TPA. Final claim along with original bills/cash memos shall be submitted to the insurer/TPA within reasonable time.
38. TPA shall also provide a "Guide Book" to each insured member. This Guide Book shall contain office address, 24 hours help line. Toll Free No. Website address, terms, conditions and exclusion, Addresses of Network Hospitals, etc.

Governing law and arbitration

Governing Law

39. This MOU shall be governed and construed in accordance with the laws of India.

Arbitration

40. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute as to the quantum to be paid under the policy shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy, It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of loss or damage shall be first obtained.

Entire MOU

41. The Parties acknowledge that this MOU constitutes the entire arrangement between the Parties in respect of the matters hereby contemplated. All previous communications, either oral or written, between the Parties hereto with respect to the subject matter hereof are hereby superseded.

Notices

42. All notices required or permitted hereunder shall be in writing and in the English language and shall be sent by registered post addressed to the address of each Party set forth below, or to such other address as such other Party shall have communicated to the other Party. Notice shall be deemed to have been served when received. Notice shall be served in each case to the following:

In case of the Oriental Insurance Co. Ltd.:

The Oriental Insurance Company Ltd.,
Divisional Office No. 1,
Jeevan Vihar Building, 4th Floor (Rear Block), New Delhi – 110001

In case of Punjab National Bank:

Punjab National Bank,
HRD Division,
Head Office,
7, Bhikhaiji Cama Place, New Delhi - 110066

Legal and Other Expenses

43. Each party shall bear its own legal, accounting, professional and advisory fees, commissions and other costs and expense incurred by it in connection with this MOU.

Confidentiality

44. The Oriental Insurance Company Ltd. shall maintain the confidentiality of the data and agrees not to use the customer database provided to them or has been accessed in the process for this policy for cross selling any of the other insurance products and or used this information in any manner.
45. Each of the Parties hereto agrees to keep confidential the terms and conditions of the MOU the Insurance Policy and supplementary and related documents thereto and any information or knowledge obtained pursuant to the negotiation or execution of this MOU or the effectuation of the transaction contemplated hereby and to not use such information or knowledge for any purpose other than the negotiation of this MOU and the effectuation of the transaction contemplated hereby, provided, however, that the foregoing shall not apply to information or knowledge which :-
46. A Party can demonstrate was already lawfully in its possession prior to the disclosure thereof by the other Party.
 1. Is generally known to the public and did not become so known through any violation of law.
 2. Became known to the public through no fault of such party.
 3. Is later lawfully acquired by such party without confidentiality restrictions from other sources.
 4. Is required to be disclosed by law or order of court of government agency with subpoena power (provided that such party shall have provided the other Party with prior notice of such order and an opportunity to object or take other available action.
 5. Which is disclosed in the course of any litigation between the Parties hereto or
 6. Is disclosed to an affiliate which agrees to be bound by the terms of this Article.

Force Majeure

47. Neither Party to this MOU shall be liable for any failure or delay on its part in performing any of its obligations under this MOU or for any loss, damage, costs, charges and expenses incurred or suffered by the other Party by reason of such failure or delay, if and so far as such failure or delay shall be the result of or arises out of any cause beyond the control of the Party in default, including strikes, lockout, labour unrest, physical illness or sickness or accident of key personnel, acts of God, acts of State, acts of Enemy, riots and other civil commotion, power and material shortages and any other events which in law constitute force majeure.

Draft of Bhavishya - Arogya for PNB

1. WHEREAS PNB (proposer)/the insured named in the Schedule here to has applied to The Oriental Insurance Co. Ltd. (hereinafter called the Company) by a written proposal form dated as stated in the Schedule, warranting the truth of the statement contained therein by a declaration, which is the basis of this contract and is deemed to be incorporated herein and has paid. The first annual installment premium deposit and agreed to pay each year within the time limit prescribed, remaining similar annual installment premium deposit up to the selected age of retirement hereinafter called the policy retirement age or has paid the entire deposit premium in one single payment as set forth in the Schedule here to.

2. NOW THSI POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the balance period of lifetime of the insured person (PNB employee) commencing from the 'Policy Retirement Age' as herein defined and as stated in the Schedule hereto. the insured person (PNB employee) shall whilst anywhere in India incur (medical/surgical expenses upon the advice of a duly qualified physician/medical specialist duly qualified surgeon/medical practitioner "(hereinafter called Medical Practitioner)" at (i) any nursing home/hospital herein defined hereinafter called (Hospital) as an inpatient or (ii) under domiciliary hospitalization benefits as hereinafter defined in connection with illness/disease or bodily injury through accident the company will pay to the Insured person (PNB employee) the amount of such expenses as are actually and necessarily incurred in respect thereof by or on behalf of such Insured but not exceeding the amount for any one illness and the amount during the life time of Insured commencing from the "Policy Retirement Age" as stated in the Schedule.

Definitions

1. Hospital / Nursing Home

Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which either

- (a) Has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner

Or

- (b) Should comply with minimum criteria as under:

- It should have at least 15 in – patient beds, which may be reduced to 10 in case of class "C" cities as notified by Govt. of India.
- Fully equipped operation theatre of its own, wherever surgical operations is to be carried out.
- Fully qualified nursing staff under its employment round the clock.
- Fully qualified Doctor (S) should be in charge round the clock.

Note:

- (a) In case of Ayurvedic treatment Hospitalization expenses are reimbursable only if the treatment is taken in a Government Hospital/Medical College.
- (b) The term 'Hospital/Nursing Home' shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or a place for alcoholics, a hotel or similar place.
- (c) In case of Ayurvedic hospitals condition of fully equipped operation theater is waived.

2. Surgical Operation

Surgical Operation means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of disease, relief of suffering and prolongation of life.

3. Hospitalization Benefits

In the event of any claim(s) becoming admissible under this scheme, the company through its designated TPA will pay to the net work hospital/insured person the amount of such expenses as would fall under the following different heads and as are reasonably and necessarily incurred there of by or on behalf of such insured person, but not exceeding the Sum Insured in aggregate mentioned in the Schedule:

1. Room, Boarding expenses as provided by the Hospital/Nursing Home.
2. Nursing Expenses.
3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
4. Anesthesia, Blood, Oxygen, Operation Theater charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X - Ray, Dialysis, Chemotherapy. Radiotherapy cost of pacemaker, Artificial Limbs and cost of Organs and similar expenses.

Expenses incurred on Hospitalization are admissible only if such hospitalization is for a minimum period of 24 hours, however, this time limit will not apply to specific treatment i.e. dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kindly stone removal), Tonsillectomy, D&C, taken in the Hospital/Nursing Home where the Insured is discharged on the same day. Such treatment will be considered to be taken under Hospitalization Benefits. Further, this condition will also not apply in case of stay in hospital of less than 24 hours provided.

- The treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available only in hospitals.

And

- Due to technological advances hospitalization is required for less than 24 hours only.

And

- Surgical procedure is involved.

Note:

In case of hospital treatment which does not require stay in hospital/nursing home in excess of 24 hours if the hospital is not registered the condition in respect of minimum number of beds will not apply. All the conditions need to be complied with if the hospital is not registered.

4. Domiciliary Hospitalization Benefits

Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home but actually taken whilst confined at home in India under any of the following circumstances namely.

1. The condition of the patient is such that he/she cannot be removed to the hospital/nursing home, or
2. The patient cannot be removed to hospital/nursing home for lack of accommodation therein.

Subject, however the domiciliary hospitalization benefits shall not cover

- (a) Any treatment not exceeding three days
- (b) Expenses incurred for pre and post hospital treatment, and
- (c) Expenses incurred for treatment of any of the following diseases

- i Asthma
- ii Bronchitis.
- iii Chronic Nephritis and Nephritic Syndrome.
- iv Diarrhea and all types of Dysenteries including Gastroenteritis.
- v Diabetes Mellitus and insipid us.
- vi Epilepsy.
- vii Hypertension.
- viii Influenza, Cough and Cold.
- ix All Psychiatric or Psychosomatic Disorders.
- x Pyrexia of unknown origin for less than 10 days.
- xi Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis.
- xii Arthritis, Gout and Rheumatism.

Note:

When treatment such as dialysis, Chemotherapy, radiotherapy etc. is taken in the hospital/Nursing Home and the Insured is discharged on the same day, the treatments will be considered to be taken under Hospitalization benefit section. Liability of the company under this clause shall be restricted to the Sum Insured stated in the schedule of the policy.

5. Any One Illness

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital/nursing home from where the treatment was taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

6. Medical Practitioner

Means a person who holds a degree/diploma of a recognized institution and is registered by Medical council of respective State of India. The term Medical Practitioner would include Physician, Specialist and surgeon.

7. Qualified Nurse

Means a person who holds a certificate of recognized Council and who is employed on recommendation of the attending Medical Practitioner.

8. Third Party Administrator

Third party administrator means a Third Party Administrator who for the time being is licensed by the Insurance Regulatory and Development Authority (IRDA) and is engaged for a fee by the company for providing health insurance related services to the policy holders.

9. Policy Retirement Age

Means the age selected by the Proposer/insured at the time of signing the proposal and specified in the schedule for the purpose of commencement of benefits under the policy. The policy retirement age cannot be advanced due to any cause during the pre retirement period.

10. Pre-Retirement Period

Means the period commencing from the date of acceptance of the proposal and ending with the policy retirement age specified in the schedule during which the insured shall be paying installments as applicable. The risk shall commence from the policy retirement age mentioned in the schedule. Provided all annual installments including last annual installment have been paid by the proposer/insured.

Exclusions:-

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of.

- i Injury or disease directly or indirectly caused by or arising from or attributable to war, invasion, Act of Foreign Enemy, War like operation (whether war be declared or not)
- ii Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

- iii surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids etc.
- iv Any dental treatment of surgery which is corrective, cosmetic or aesthetic procedure including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.
- v Convalescence, general debility, "run down" condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self - injury, all psychiatric and psychosomatic disorders and diseases due to and or use or intoxicating drugs/alcohol. Massages, steam bathing, shirodhara and alike treatment only under Ayurvedic treatment.
- vi All expenses arising out of any condition directly or indirectly caused by or associated with Human T - cell Lymph tropic virus Type III (HTLD - III) or Lymphadenopathy Associated virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or and Syndrome or condition of similar kind commonly referred to as AIDS.
- vii Charges incurred at Hospital or Nursing Home primarily for diagnosis. X - ray or laboratory examinations of other diagnostic studies etc. not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment sickness or injury for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalization as defined.
- viii Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- ix Injury or disease directly or indirectly caused by or contributed to by nuclear weapons materials.
- x Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including cesarean section.
- xi Naturopathy treatment
- xii External Medical equipment of any like used for treatment including CPAP, CPAD etc.

1. Premium Deposit Clause

The premium due under this policy shall become payable on the installment due dates and the date of payment of first installment premium deposit shall signify the commencement of pre retirement period as herein defined and each annual installment of premium upto the retirement age as stated in the schedule on or before the due date.

2. Grace Period

A grace period of 30 days will be allowed in regard to payment of annual installment of premium deposit. If payment is delayed beyond the grace period additional premium will be charged at the rate of 1% per month or part there of up to a maximum period of six months including grace period of 30 days. If premium installments are not received within the maximum period of six months, the policy will automatically lapse.

3. Commencement of Risk

The risk is to commence from the date on which the last installment premium is paid. In case the last installment premium is not paid on the due date maximum grace period allowable will be six months without charging any additional premium for the first month and later with additional premium at rate of 1% (of the applicable annual installment) per month or part there of up to the maximum period of six months including the grace period of 30 days but the risk will commence only from the of payment of last installment. After expiry of six months from the due date of the last installment the policy will be treated as lapsed.

4. Cumulative Bonus

After commencement of risk Cumulative bonus at 5% of initial sum insured available at the beginning of each claim free year will be added to the sum insured for the subsequent year subject to maximum accumulation for 10 (Ten) such claim free years in all during entire policy period.

In case of a claim under the policy in respect of the insured person who has earned the cumulative bonus the same shall freeze and no further cumulative bonus shall accrue to that person.

5. Procedure for availing cashless Access Services in Network Hospital/ Nursing Home

Claims in respect of cashless Access Services will be through the agreed list of the network of Hospitals/Nursing Homes and is subject to pre admission authorization. The TPA shall upon getting the related medical information from the insured persons/network provider verify that the person is eligible to claim under the policy and after satisfying itself will issued a preauthorization letter / guarantee of payment letter to the Hospital/Nursing home mentioning the sum guaranteed as payable also the ailment for which the person is seeking to be admitted as a patient. The TPA reserves the right to deny pre authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of cashless access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctors advice and later on submit the full claim papers to the TPA for reimbursement.

Conditions

1. Every notice or communication to be given or made under this policy shall be delivered in writing at the address of the company/Third Party Administrator as shown in the Schedule.
2. The due payment of annual installment premium deposit and the observance and fulfillment of the terms, provisions conditions and endorsements of this policy by the proposer/insured person is so far as they relate to anything to be done or complied with by the proposer/insured shall be a condition precedent to any liability of the company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid, unless made in writing and signed by an authorized official of the company.

3. Upon the happening of any event which may give rise to a claim under this policy after reaching the Policy retirement age, immediate notice with the full particulars relating to policy no, name of insured person in respect of whom the claim is being made, nature of disease/illness/injury and name and address of the attending medical practitioner/hospital/nursing home etc. shall be sent to the Company/TPA.
4. Claim must be filled within reasonable time period from the date of discharge from hospital/nursing home with the company/TPA after completion of treatment under hospitalization or domiciliary hospitalization.

NOTE:

Waiver of conditions 3 and 4 will not be generally allowed except in extreme case of hardship where it is proved to the satisfaction of the company that under the circumstances in which the insured was placed it was not possible for his or any other person to give such notice or file claim within a reasonable time.

5. The insured shall obtain and furnish to the company/TPA with all original bills, receipts and other documents upon which a claim is based and shall also give to the company/TPA such additional information and assistance as the Company/TPA may require in dealing with the claim.
6. For domiciliary hospitalization benefits the insured shall furnish to the company a certificate from medical practitioner certifying the necessity for hospitalization treatment for the insured giving reason and allowing the insured confinement at home or necessary medical attention.
7. Any medical practitioner authorized by the company/TPA shall be allowed to examine the Insured Person in case of any alleged Disease/injury/illness disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the company/TPA.
8. The company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or devices, misrepresentation, misdescription or non disclosure of an material fact/particulars whether by the Insured Person or by any other person acting on his behalf.
9. If at the time when any claim arises under this policy, there is in existence any other insurance (other than cancer Insurance Policy and Medical benefit Extension under Personal Accident Policy) whether it be effected by or on behalf of any Insured person in respect to whom the claim has arisen covering the same loss, costs or expenses, the Company shall not be liable to pay or contribute more than its rate-able proportion of any costs or expenses. The benefit under this policy shall however be in excess of the benefits available under cancer Insurance Policy and Medical benefits Extension under Personal accident Policy.

10. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other question be referred to the decision of the sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of three arbitrators comprising of two arbitrator, one to be appointed by each of the parties to the parties to the dispute/difference and the third arbitrators to be appointed by such two arbitrator and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation Act, 1996 It is clearly agreed and understood that no difference or dispute as to the quantum to be paid under the policy shall be referable to arbitration as herein before provided if the company has disputed or not accepted liability under or in respect of this policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that awarded by such arbitrator/arbitrators or the amount of loss or damage shall be first obtained.
11. If the company/TPA shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover this claim from the company then the claim shall for all purposes be deemed to have been abandoned and shall not there after be recoverable here under.
12. All medical/surgical treatments under this policy shall have to be taken in India. All claims under this policy shall be payable in Indian currency Payment of claim shall be made by TPA to the hospital/nursing home in case the are fully authorized by TPA however if the insured person has availed the treatment in a non - network hospital and did not avail cashless hospitalization facility, then the company through its designated TPA will reimburse to the insured person the amount of such admissible expenses as are actually and necessarily incurred in respect of such treatment in India subject to limits of any one illness/injury as prescribed under the policy.
13. If during the pre - retirement period i.e. Prior to the date of policy retirement age if the insured dies by any cause whatsoever policy will be treated as cancelled and no refund of premium will be allowed.
14. If after commencement of risk at policy retirement age selected, insured dies by any cause whatsoever without preferring any claim at all no refund will be allowed.

Sum Insured : Rs. 50000/-		
Policy Retirement Age 59 Years		
Completed Age at entry	Annual Premium	Single Premium
25	23	219
26	25	241
27	28	265
28	31	292
29	34	321
30	38	353
31	42	389
32	46	428
33	51	471
34	57	517
35	64	570
36	71	627
37	79	690
38	88	760
39	98	836
40	110	920
41	124	1013
42	139	1115
43	157	1227
44	177	1351
45	202	1489
46	231	1639
47	265	1808
48	306	1990
49	358	2196
50	421	2425
51	502	2677
52	608	2980
53	753	3279
54	961	3645
55	1048	4191
56	1579	4738
57	2642	5285
58	5831	5831

Service Tax extra

Note : Sum Insured can be increased in multiples of Rs. 10000/- on payment of proportionate premium

Sum Insured : Rs. 50000/-		
Policy Retirement Age 58 Years		
Completed Age at entry	Annual Premium	Single Premium
25	25	235
26	27	259
27	30	285
28	33	313
29	37	345
30	41	379
31	45	417
32	50	459
33	56	505
34	62	556
35	69	612
36	77	673
37	86	740
38	96	815
39	107	897
40	120	987
41	135	1087
42	153	1197
43	174	1318
44	197	1451
45	225	1598
46	259	1763
47	299	1941
48	348	2141
49	411	2364
50	489	2610
51	593	2886
52	734	3197
53	937	3554
54	1022	4087
55	1540	4620
56	2576	5153
57	5686	5686
Service Tax extra		
Note : Sum Insured can be increased in multiples of Rs. 10000/- on payment of proportionate premium		

Sum Insured : Rs. 50000/-		
Policy Retirement Age 57 Years		
Completed Age at entry	Annual Premium	Single Premium
25	27	252
26	29	278
27	33	306
28	36	335
29	40	369
30	44	407
31	49	447
32	54	492
33	60	542
34	67	596
35	75	656
36	83	722
37	94	794
38	105	874
39	118	963
40	132	1060
41	149	1167
42	169	1285
43	192	1414
44	220	1559
45	252	1719
46	291	1892
47	340	2087
48	400	2305
49	477	2545
50	578	2814
51	716	3117
52	914	3465
53	996	3984
54	1501	4504
55	2512	5024
56	5543	5543
Service Tax extra		
Note : Sum Insured can be increased in multiples of Rs. 10000/- on payment of proportionate premium		

Sum Insured : Rs. 50000/-		
Policy Retirement Age 56 Years		
Completed Age at entry	Annual Premium	Single Premium
25	29	270
26	32	298
27	35	327
28	39	360
29	43	397
30	47	436
31	53	480
32	59	528
33	66	581
34	73	640
35	81	704
36	91	774
37	102	852
38	114	938
39	129	1033
40	146	1137
41	164	1252
42	187	1379
43	214	1519
44	246	1675
45	284	1844
46	331	2035
47	390	2246
48	465	2482
49	564	2742
50	697	3038
51	891	3377
52	971	3583
53	1463	4390
54	2448	4896
55	5403	5403
Service Tax extra		
Note : Sum Insured can be increased in multiples of Rs. 10000/- on payment of proportionate premium		

Sum Insured : Rs. 50000/-		
Policy Retirement Age 55 Years		
Completed Age at entry	Annual Premium	Single Premium
25	31	290
26	34	319
27	38	351
28	42	386
29	46	424
30	51	467
31	57	515
32	64	566
33	71	623
34	79	686
35	88	755
36	99	830
37	111	914
38	125	1006
39	142	1108
40	161	1220
41	183	1344
42	209	1480
43	240	1632
44	277	1797
45	322	1983
46	380	2189
47	453	2417
48	549	2672
49	680	2961
50	868	3290
51	946	3784
52	1426	4277
53	2385	4771
54	5264	5264
Service Tax extra		
Note : Sum Insured can be increased in multiples of Rs. 10000/- on payment of proportionate premium		

PNB Parivar Bhavishya Arogya Yojna - Lodgement of Claims and Issue of I-Cards

M/s MD India Healthcare Services (TPA) Pvt. Ltd, Third Party Administrator (TPA) for 'PNB Parivar Bhavishya Arogya Yojna' has informed that the following procedure be adopted for hospitalization/lodgement of claim:-

A. M/s MD India Healthcare Services Ltd. has empanelled sufficient number of Hospitals all over India and the same is available in their website www.mdindiaonline.com. The list is updated/revised from time to time by them. For cashless facility, the employees/ their family members can approach these hospitals and the same should immediately be brought to the notice of the TPA desk attached with the hospital or to any of the nearby offices of M/s. MD India given at Annexure-A. Since the list of hospitals is being revised by the TPA from time to time, it is requested to refer to their website, i.e., [ww.mdindiaonline.com](http://www.mdindiaonline.com) for the updated list of such hospitals or contact at their Customer Care Phone No.18002665690.

B. In case hospitalization is done in any of the hospitals other than the hospital empanelled by MD India, the intimation of the same be sent to any of the nearby offices of MD India within 24 hours of hospitalization.

C. For submission of hospitalization claim, certain formalities are to be completed/ complied with, which are given at Annexure-B. The same should be submitted within a period of 15 days from the date of discharge, to any of the nearby offices of MD India, complete in all respect.

While making claim, concerned employees are advised to mention their correspondence address, phone no. including mobile, FAX No. and the e-mail address, if any.

D. As regards issuance of I-cards to the family members of employees who have opted for the additional cover, the same is to be sent directly to M/s. Health Insurance TPA of India Ltd. (HITPA), as per the proforma given, along with a copy of policy, at the following address:-

M/s. Health Insurance TPA of India Limited

A-110, 2nd Floor, Majestic Omnia Building

Sector -4, NOIDA, Uttar Pradesh- 201301

Employees and/or their family members may ensure timely payment of the annual insurance premium directly to the Insurance Company during the stipulated period at the address mentioned below. Lapses/delay in timely payment of premium may lead to cancellation of an individual's policy by the Insurance Company.

THE ORIENTAL INSURANCE COMPANY LIMITED

Corporate Business Regional Office

NBCC Centre, 3rd Floor, Near Hotel Crown Plaza

Okhla Phase I, Pocket-A, New Delhi – 110020

Phone no. 011- 43172316

(HRDD Cir. No. 531 dated 20.03.2009 and HRMD Cir. No. 469 dated 04.10.2019)

TPA for PNB Parivar Bhasvya Arogya Yojna

M/s. Health Insurance TPA of India Limited
A-110, 2nd Floor, Majestic Omnia Building
Sector -4, NOIDA, Uttar Pradesh- 201301

CLAIM DOCUMENTS CHECK LIST

S. No.	Cashless Claim	Reimbursement
1	Claim intimation to HITPA	Claim intimation to HITPA
2	Card issued by TPA	Card issued by TPA
3	Photo identity card	Photo identity card
4	Previous Claim History - if Any	Photocopy of policy issued by Ins. Co.
5		Claim form
6		Original attested discharge card
7		Original hospital bills
8		Original bill receipts
9		FIR/ MLC - if applicable
10		Claim lodged amount
11		All Investigation Reports - In Original

Note:

- 1) Hospital should be registered with local authorities
- 2) If registration is not must in that state than hospital should have fully equipped operation theatre, round the clock qualified doctors & nursing staff
- 3) For list of emplaned hospitals refer www.mdindiaonline.com
- 4) For any kind of further quarry refer www.mdindiaonline.com

**DETAILS OF RETIRING EMPLOYEE OF PUNJAB NATIONAL BANK FOR
AVAILING THE BENEFITS UNDER 'PNB PARIVAR BHAVISHYA AROGYA YOJNA'**

Paste an attested
recent passport
size photograph
here

S. No.	PARTICULARS OF RETIRING EMPLOYEE	
1	Name	
2	PF No.	
3	Date of Birth	
4	Date of Retirement	
5	Office from where retired	
6	Address for Communication (including Phone No., Mobile No., Fax No. and e-mail, if any)	
7	Permanent Address	
8	Policy Number	

(Photograph be attested by Bank Official with official stamp)

(Please fill all details in BLOCK LETTERS)

Place: _____

Date: _____

**Signature, Name and Designation of
Bank Official with official stamp**