

South Central Railway



Headquarters Office,  
Personnel Department,  
Secunderabad.

No. P[R] 493/II

Dt. 10.06.2024.

ALL CONCERNED

Sub: 'BANDHAN' – a linkage between South Central Railway  
and Union Bank of India – reg.


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On 30.05.2024, South Central Railway and Union Bank of India have exchanged a Memorandum of Understanding (MoU) in order to make available modern banking facilities to all its employees coming under Hyderabad, Secunderabad, Guntur, Vijayawada, Guntakal and Nanded Divisions (including all personnel working in various Departments, Workshops, Colleges and Institutions pertaining to S.C.Railway) and to provide a good Corporate Salary Package.

A copy of the Memorandum of Understanding is also enclosed herewith for better understanding of the facilities provided by the Union Bank of India to S.C.Railway employees.

Wide publicity to the salient features of this MoU may be given so that all the employees should avail this opportunity without fail.

Encl: As above.

  
(G.Srinivasa Naik) 10062024  
Secy. to PCPO

for Principal Chief Personnel Officer

Phone No:  
Sold To/Issued  
Union Bank Of India  
For Whom/ID Proof:  
Self



MAY-29-2024 18:44:08

₹ 0000500/-  
ZERO ZERO ZERO ZERO FIVE ZERO ZERO

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3815332 47/2012 Other

### MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is made on 30<sup>th</sup> day of May 2024 between South Central Railways, represented by Sri.MB. Muralidhar, Deputy Chief Personnel Officer, having its headquarters at Rail Nilayam, Secunderabad, Telangana (hereinafter called "SCR" which expression shall unless the context otherwise requires shall include its successors/administrators/Executors and permitted assigns from time to time).

AND

Union Bank of India, a body corporate constituted under the Banking Companies (Acquisition & Transfer of Undertaking)Act,1970 having its registered office at Union Bank Bhavan, 239, Vidhan Bhavan Marg, Nariman Point, Mumbai - 400021, Maharashtra and having its Zonal Office at: 1<sup>st</sup> Floor, Bungalow No: 109, New No.1, Oxford Street, 7-252 to 254, S.D.Road, Clock Tower Second Bazaar Area, Maruti Veedhi, Shivajinagar, Secunderabad - 500 003, Telangana represented by Sri. Ajay Kumar, General Manager, Hyderabad Zone (hereinafter called "Union Bank of India"), which expression shall unless the context otherwise requires shall include its successors/administrators/Executors and permitted assigns from time to time).

#### WHEREAS:

a) In order to make available modern banking facilities to all its employees coming under Hyderabad, Secunderabad, Guntur, Vijayawada, Guntakal and Nanded divisions (including all personnel working in various Departments, Workshops, Colleges and Institutions pertaining to SCR), and to provide a good Corporate Salary Package, SCR has decided to accept the proposal submitted by Union Bank of India.

[b) Union Bank of India possessing technologically advanced infrastructural facilities having offered to provide banking services as detailed herein below to SCR personnel who will have their Salary accounts with the Bank.

Now therefore this MOU witnesseth as under.

Both parties have agreed as follows:

#### 1. PERIOD OF MOU: -

This MOU shall be operative for a period of three years from the date of signing the MOU, with an option to review every year for any amendment/ addition/ deletion of features of the Union Super Salary Account (USSA). However, it is agreed by and between the parties that any modification/addition/deletion of features of the Union Super Salary account (USSA) shall be done with the prior written approval/consent of both the parties. In case there is no amendment/addition/deletion in the USSA during the agreement period then there is no need for annual review and the MOU will continue to be operative for the period of three years.

  
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## 2. SALARY

- a) At the option/discretion of the account holder, the existing savings accounts of SCR employees with Union Bank of India shall be converted to USSA, subject to an application-cum-undertaking to be submitted by the account holder as per specimen attached in Annexure-1
- b) A 'No Objection Certificate' will be issued by Union Bank of India in the event of a USSA Account holder is desirous of changing his/her account to another Bank for credit of salary. Specimen of NOC Certificate is as per Annexure-2
- c) SCR does not undertake any liability for the loans given / to be given by Union Bank of India to SCR personnel in their individual capacities. SCR will not be impleaded in any claim, action, lawsuit which an account holder may file against Union Bank of India or vice versa, where Union Bank of India may file against the account holder.
- d) Salary /Pension credit to be made available by SCR to all the accounts opened by employees of SCR, who are opting Union Bank of India for credit of their Salary.

## 3. FACILITIES TO THE ACCOUNT HOLDERS

SCR shall undertake to treat Union Bank of India as their preferred banker for the Corporate Salary Package for their personnel and circulate this MOU to all its employees, though SCR, does not undertake /commit/take responsibility on number of accounts opened under this MoU arrangement. Union Bank of India provides the Special Corporate Salary Package as described to all the employees, who are opting for the services of Union Bank of India without any restrictions on the number of the salary accounts.

### UNION SUPER SALARY ACCOUNT OFFERINGS FOR SERVING EMPLOYEES OF SOUTH CENTRAL RAILWAYS.

#### a) SALARY ACCOUNT WITH ZERO BALANCE

Union Bank of India offers its Union Super Salary Account (USSA) in two variants which are based on Gross Salary/Pension of the employee.

Particulars	Variants of USSA Scheme	
	USSA-II	USSA- III
Eligibility	Employees drawing regular salary	Employees drawing regular salary.
Gross Salary (Average of last 3 months gross salary/Pension)	Rs. 25,000/- to Rs. 74,999/- per month	Rs. 75,000/- and above per month

  
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Quarterly Balance	Average	Nil	Nil
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**UNION SUPER SALARY ACCOUNT ELIGIBILITY CRITERIA:**

**For Salaried Employees:**

- The Scheme is applicable for all the regular employees of SCR.
- The Scheme will be applicable after credit of one-month salary of the employee and thereafter regular salary credits into the USSA account.
- For any reason not specified, salary credit ceases for consecutive 3 months, the benefits under this MOU also stand withdrawn to that account holder and the account automatically will be downgraded to normal savings account. In case of reinstatement of the salary credit, the employee to bring the above to the notice of the concerned branch to upgrade the account.

**For Pensioners:**

Personal Accident Insurance cover will be continued and made available to the employees even after retirement upto 70 years of age, subject to routing of pension through our USSA (II, III) accounts. Scheme will be applicable after credit of one-month pension to the pensioners' account and thereafter regular pension credits into the account. The USSA account of customer will be upgraded/downgraded as per gross pension amount and the respective features will be extended accordingly.

**b) INSURANCE FACILITIES OFFERED**

(i) **Special Features:**Free Term Life Insurance cover or Normal Death cover: Rs. 10 lakhs (applicable to employees aged between 18- 60 years)

(ii) **Personal Accidental Insurance Scheme cover as under \*:**

(Amount Rs.in

Lakhs)

Personal Accident Insurance (PAIS) (Death/PPD/PTD)	Criteria/Variant	USSA-II	USSA III
	With Account		100
With 'RuPay Select' Debit card		15	15
<b>Total</b>		<b>115</b>	<b>115</b>

\*PPD: Permanent Partial Disability /PTD:Permanent Total Disability

\* The benefit of PAIS shall be continued to those employees even after superannuation and who opt to maintain their Pension accounts and where the

  
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Pension is credited regularly into the designated account with Union Bank of India. PAIS shall be extended to such pensioners up to 70 years of age.

(iii) **Air Accident Insurance:**

Air Accident Insurance with 'RuPay Select' Debit Card	<b>USSA-II</b>	<b>USSA-III</b>
	100 lakhs	100 lakhs

(applicable to employees between the age of 18- 60 years)

**OFFERS IN LOAN FACILITIES:**

i. **Temporary Overdraft Facility:**

Feature	USSA-II	USSA-III
Temporary Overdraft Facility	90% of 1-month net salary credited to account with maximum of Rs 50,000/-	90% of the 2-months net salary credited to account with maximum of Rs 2,00,000/-

ii. **Concession in Processing Charges:**

Feature	USSA II	USSA III
Processing fee for Home loan of Rs 25 lacs and above	100% concession	100% concession
Processing fee for Home loan below Rs 25 lacs	50% concession	50% concession
Processing fee for other Retail loans (other than Home loan scheme)	50% concession	50% concession

iii. **Concession in applicable Rate of Interest:**

Feature	USSA II	USSA III
Rate of Interest on Home loan	0.05% p.a. concession in applicable ROI	0.05% p.a. concession in applicable ROI
Rate of Interest on Vehicle loan	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI
Rate of Interest on Education loan more than Rs 7.50 lacs for study abroad / premier institution	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI
Rate of Interest on Mortgage loan	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI
Rate of Interest on Personal loan	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI

  
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iv. **Free Debit Card:**

Feature	USSA-II	USSA-III
Type of Debit Card	RuPay Select	RuPay Select
Debit Card Charges	Issue charge - Free Annual Maintenance Charge - Free	Issue charge - Free Annual Maintenance Charge - Free
ATM Cash Withdrawal Limit	Rs 1,00,000 per day	Rs 1,00,000 per day
POS Limit	Rs 3,00,000 per day	Rs 3,00,000 per day

c) **ATM FACILITY:**

Feature	USSA-II	USSA-III
Free ATM card access at Union Bank of India ATM	Unlimited	Unlimited
Free ATM card access at Other Bank's ATM	Unlimited	Unlimited

d) **OTHER FACILITIES:**

Feature	USSA-II	USSA-III
SMS Charges	Free	Free
Free Remittances from the Account	5 per month (Max. Rs. 50,000/- pm) DD/NEFT	Unlimited Free. DD/NEFT
RTGS	As per Applicable charges	Free
IMPS	Free	Free
Locker facility ( <i>Allotment subject to availability, Concession shall be extended manually at branches</i> )	25% concession on 1st year rent.	50% concession on 1st year rent.

- ✓ Vyom (Mobile App): This Mobile App can be downloaded by all account holders, wherein 350+ features are available like facility of opening Fixed deposit online, investment in Mutual Funds, Account balances and Statements etc.
- ✓ Digital mode of Payment Facility: BHIM UPI, Bharat Bill Payment services.

e) **CREDIT CARD:** Lifetime free RuPay Select Credit Card subject to eligibility criteria and minimum usage.

All the facilities under Union Super Salary Account are given in more detail in Annexure -3

  
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#### 4. TERMINATION

In the event of termination of this MOU before the end of the term, the credit of salaries to the individual employee may continue at the discretion of the Bank as an ordinary account holder, without any special benefits under this MOU.

This MOU may be terminated by either party by giving three months advance notice of termination in writing to the other Party (The "Defaulting Party") provided:

"If the Defaulting Party has committed a material breach of any term of this agreement and has failed to remedy such breach (if capable of remedy) within thirty (30) days after notice from the other party to do so.

Or

If the defaulting party repeatedly commits the same breach of any of the terms of this MOU, then the MOU may be terminated without any further notice.

Or

If there is a material adverse change in any applicable law affecting Banks generally.

Or

In case of any reason the employee's salary not credited for continuously 3 months the benefits will squeeze to continue and will regain after the credit of the salary regularly ( the same to be brought to the notice of the concerned branch where employees is operating the account)

#### 5. BANKING COMPLAINT REDRESSAL AND REVIEW MECHANISM:

(a) A Review Mechanism is in place for complaints and other pending issues. All pending issues will be reviewed periodically.

(b) Apart from the above, bank also has a very well laid down policy on Customer Grievance Redressal. This policy covers all types of customers including pensioners. It also covers the timeframe for redressal as well as the various channels available for lodging the complaints. The policy details are available at Bank's website for public information. The Union Super Salary Account holders have the additional option to use such channels for redressal of their individual grievances/ complaints.

(c) In the event that a dispute remains unresolved, it may be referred to the Banking Ombudsman appointed by RBI under Banking Ombudsman Scheme, if the same can be entertained by the Banking Ombudsman as per the scheme.

#### 6. RECALL OF SALARY DISBURSED.

In exceptional circumstances, **South Central Railway** may recall the salary erroneously disbursed to deserters or delinquent personnel. Upon written requests of the **South Central Railway** communicating specific details of personnel, bank account, period and amount, and further subject to availability of funds in the specified account, Union Bank

  
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of India will comply with the request and refund the amount to **South Central Railway by way of Demand Draft** or through Electronic mode of transfer to department's account. UNION BANK OF INDIA will not be liable or be held accountable for any consequential or related action arising from the act of debiting the specified amount and refund of amount to **South Central Railway**. Pending refund of the amount recalled, Union Bank of India may freeze to the extent of specified amount to the concern salary account for limited time/ period to prevent fraudulent withdrawals from it.

#### **7. PENSION PAYMENTS.**

UNION BANK OF INDIA on its part will arrange to make pension disbursements in compliance with instructions issued by Government of India from time to time.

#### **8. PUBLICITY**

Union Bank of India may publish/ market about its services extended to 'SCR' personnel under this MOU and / or promote its business objectives from time to time

#### **9. PERSONAL/ ACCIDENTAL INSURANCE- CLAIM MECHANISM**

(i) The Nominee / Next of Kin to submit the required documents to the Bank Branch, The Bank Branch will forward the same to the Insurance Partner. The detailed claim mechanism is mentioned in Standard Operating Procedure (Annexure 4) and various claim forms as per Annexure 5 to 9.

(ii) Branch staff to coordinate the entire claim settlement process in coordination with family/nominee of the deceased.

#### **10. AMENDMENT**

Any provisions of this MoU may be amended, waived, discharged or terminated (in each case) only by an instrument in writing signed by or on behalf of the party against whom enforcement of the amendment, waiver, discharge or termination is sought. No breach of or default under any of the provisions of the MoU by either party may be waived or discharged without the other party's written consent thereto.

#### **11. NOTICES**

Each notice, demand or any other communication to be given or made hereunder shall, except as otherwise provided herein be given or made in writing and maybe sent by one party to the other party by Registered Post, telex, facsimile, hand to the addresses mentioned above or through email on official insurer's email.or such other address and numbers as one party may inform the other in writing.

  
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## 12. FORCE MAJEURE

The parties shall not be liable for any failure to perform any of its obligation under this MOU if the performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligation shall be suspended for so long as the Force Majeure Event continues (provided that this shall not prevent the accrual of interest on the principal amount which would have been payable but for this provision). Each party shall within a week inform the other of the existence of a Force Majeure Event and shall consult together to find a mutually acceptable solution.

"Force Majeure Event" means any event due to any cause beyond the reasonable control of the Party, including, without limitation, unavailability of any communication system, sabotage, fire, flood, explosion, acts of God, civil commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.

## 13. DISPUTES RESOLUTION

All disputes or differences arising between the Parties as to the effect, validity of interpretation of this MOU or as to their rights, duties or liabilities shall be resolved amicably between the Parties to the MoU. In case such resolution becomes impossible, the matter should be referred to arbitration confined to Hyderabad Jurisdiction to a Sole Arbitrator, nominated and acceptable, to both the parties in terms of Arbitration and Conciliation Act, 1996. The decision of the arbitrator shall be final & binding on both the parties. The arbitration proceedings shall be in English. The place of Arbitration shall be Hyderabad and Courts at Hyderabad shall have exclusive jurisdiction over the matters covered.

## 14. MISCELLANEOUS

(a) In the event of any Union Super Salary Account holder who is employee of SOUTH CENTRAL RAILWAY desires to change his salary account from UNION BANK OF INDIA to some other Bank will be at his liberty to change his salary account from UNION BANK OF INDIA to some other bank. On transfer salary account to other Bank / Non-credit of salary in salary account will result in immediate withdrawal of benefits provided with Union Bank Super Salary Account.

(b) In the event of non-credit of salary for more than three months in the Union Super Salary Account and / or default in loan accounts of any personnel, Bank has the discretion to convert such account to normal saving bank account and shall withdraw all benefits extended to the Union Super Salary Account holder.

(c) The Bank will consider the installation of ATMs and setting up of branches at locations that are mutually convenient. SCR on its part will make efforts to provide space for setting up ATMs and Branches which are suitable for the Bank's requirements. The space, if available, will be provided on rent as mutually agreed by both the parties. If South Central Railways is unable to provide so, Union Bank of India shall try to find the suitable place to set up its ATMs. In such an event, if Union Bank of India is also unable to get such space,

  
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Union Bank of India shall not be liable to set up ATMs/Branch/Extension Counters as contained above. Union Bank of India shall use its best efforts to procure such space should SCR fail to provide the space.

[d] As regards "Know Your Customer norms", a certificate/ letter issued/ countersigned by the authorized signatory from the individual's unit, certifying the identity and present address of the personnel/Aadhar/PAN will be acceptable to the Bank. In addition, as per recent RBI guidelines Aadhaar & PAN are no longer in the list of mandatory officially valid documents (OVDs) but these two documents have been made mandatory submit to the bank

[e] Union Bank of India is committed to the business development with SCR and will continuously strive to improve the offerings through the Union Bank of India SCR Salary Package. These improvements will be applicable to all the Union Super Salary Accounts.

In witness whereof, each Party has scribed their respective hands through its duly authorized representative

Signed on behalf of



South Central Railways

(Shri. M.B. Muralidhar, Dy. CPO/IR)



Union Bank of India

(Shri. Ajay Kumar, GM)

Witnesses:

1.



K.V. CHANDRA SEKHARA RAO  
UBI, AGN, RO, Sec' bank.



2.

M. V. Prasad

M. V. PRASAD

APO/Bills/Ho/SCR

South Central Railways

Union Bank of India

S. No.	Details	Annexure
1	Application cum undertaking to be taken from account holders, whether new or converted	1
2	Request for issuance of NOC to transfer of account to another Bank	2
3	Facilities under Union super salary accounts to South Central Railways	3
4	Standard Operating procedure & Claim process for Personal Accident Insurance Union Super Salary Account	4
5	Group Personal Accident claim form	5
6	NEFT form for group Personal Accident Insurance	6
7	Overdraft application form for Union Super Salary Account	7
8	Term life insurance claim form	8
9	Group Personal Accident claim form for Debit/Credit card holders	9

  
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Annexure 1

Application cum undertaking to be taken from account holders, whether new or converted

I maintain a SB account with your \_\_\_\_\_ branch and the account number is \_\_\_\_\_ and I intend to open a new Union Super Salary Account (SB Account). I am presently employed as \_\_\_\_\_ with SCR (Name of Unit: \_\_\_\_\_) and my employee Number is \_\_\_\_\_. My Date of Birth is \_\_\_\_\_ and my mobile number is \_\_\_\_\_.

My present address is appended below which may please be incorporated in your records for which I am enclosing a certificate issued from the unit and request you to accept it for satisfying the KYC norms as prescribed by your bank, along with other document[s] as prescribed by the RBI.

In this connection, I request that my existing account \_\_\_\_\_ be converted into a Union Super Salary Account with all its special features.

Since I am presently posted at \_\_\_\_\_ / is being posted to \_\_\_\_\_, I request that my account should be transferred to \_\_\_\_\_ Branch of Union Bank of India for ease of operation.

Yours faithfully,

Name:

Designation:

Office Address:

Permanent Address:

Place:

Date:

  
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Annexure 2

Request for issuance of NOC to transfer the Salary account from Union Bank of India to another Bank

To:

The Branch Manager,

\_\_\_\_\_ Branch

**Sub: UNION SUPER SALARY ACCOUNT - Request for issuance of No Objection Certificate to transfer salary from Union Bank of India to**

\_\_\_\_\_ bank

I maintain a Union Super Salary SB account with your branch and the account number is \_\_\_\_\_ . I am presently employed as \_\_\_\_\_

with SCR (Unit : \_\_\_\_\_ ) and my Mobile Number

is \_\_\_\_\_ .

My present address is \_\_\_\_\_

I request you to issue me a No Objection Certificate as I desire to change my salary bank from where I draw my monthly salary.

In the event of failure to Issue the NOC within 72 hours (3 working days) , I will assume that Union Bank of India has no dues / objection and I will be at liberty to change my salary account from Union Bank of India to \_\_\_\_\_ Bank.

Yours faithfully,

Name :

Designation :

Office Address:

Permanent Address:

Place:

Date:

*To be submitted to the Bank in duplicate and acknowledgement obtained from the Branch Manager/ Authorised signatory of Union Bank of India on the second copy, duly stamped including date of receipt by the Bank and signature of the Bank signatory.*

*Smalidhan*

South Central Railways



*Siary*  
Union Bank of India

**Annexure-3**

**For the Employees South Central Railways under the Special USSA Package under this MOU:**

Scheme Code		USSA- II	USSA-III
Gross Salary (Average of last 3 months gross salary)		₹ 25,000/- to ₹ 74,999/- p.m.	₹ 75,000/- and above p.m.
FREE Personal Accident Insurance for Railway employees	With account	₹ 100 Lakhs (Death + PPD & PTD)	
	With debit card*	₹ 5 Lakhs (by Bank) ₹ 10 Lakhs (additional by NPCI for RuPay Select Card)	
FREE TERM INSURANCE (NORMAL DEATH)		₹ 10 Lakhs (Group Term Life Insurance at free of cost to employees who are drawing regular salary and who will maintain regular salary account with Union Bank of India)	
FREE Air Accident Insurance with RuPay Select debit card		₹100 Lakhs	₹100 Lakhs
Free Hospi-cash (Mediclaime) for IPD		₹ 30,000Per Annum (Rs.1000/ day for max 30 days of hospitalization) upto 60 years age	
Quarterly Average Balance		NIL	
Type of Debit Card		RuPay Select Card	
Debit Card Charges		Issue charge - Free Annual Maintenance Charge - Free	
ATM Cash Withdrawal Limit		₹ 1,00,000 per day	
POS Limit		₹ 3,00,000 per day	
Free ATM card access at Union Bank of India ATM		Unlimited	
Free ATM card access at other Bank's ATM		Unlimited	

*[Signature]*

South Central Railways



*[Signature]*  
Union Bank of India

Personalized Cheque Book	60 leaves free per year	100 leaves free per year
Temporary Overdraft Facility	90% of 1-month net salary credited to account with maximum of ₹ 50,000/-	90% of 2-months net salary credited to account with maximum of ₹ 2,00,000/-
SMS Charges	Free	
Free Remittances from the Account	Five per months (Max. ₹ 50000/- p.m.) DD/NEFT	Unlimited Free DD/NEFT
RTGS	As per Applicable charges	Free
IMPS	Free	
Locker facility (Allotment subject to availability, Concession shall be extending manually at branches)	25% concession on 1st year rent.	50% concession on 1st year rent.
Processing fee for Home loan of Rs 25 lacs and above	100% concession	
Processing fee for Home loan below Rs 25 lacs	50% concession	
Processing fee for retail loan (other than Home loan) scheme	50% concession	
Rate of Interest on Home loan	0.05% p.a. concession in applicable ROI	
Rate of Interest on Vehicle loan	0.10% p.a. concession in applicable ROI	
Rate of Interest on Education loan more than Rs 7.50 lacs for study abroad / premier institution	0.10% p.a. concession in applicable ROI	
Rate of Interest on Mortgage loan	0.10% p.a. concession in applicable ROI	
Rate of Interest on Personal loan	0.10% p.a. concession in applicable ROI	

*Mahalingam*

South Central Railways



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Joint A/c Facility with spouse	Yes
Zero Balance account to family members (BSBDA)	Available for 3 family members (Spouse + 2 Children)
Account closure -within 14 days or after 12 months	Nil charges
Account closure -Between 15 days to 12 months	As per applicable charges.

  
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**Salient Features of Union Bank of India RuPay Select Debit Card (as provided by NPCI): \***



Card features	RuPay Select Debit Card
Reward Points from M/s Loyalty Rewards	One point for every Rs.100/-POS/e-com transaction Value of each point is Rs.0.25
Children Education	Children Education bonus is paid up to maximum of ₹ 15,000/-.
Girl Child Marriage Cover	An amount of up to 20% of PAI sum insured subject to maximum of Rs 2,00,000.
Ambulance Charges	As per actual expenses subject to maximum of Rs 1000
Transportation expenses	As per actual expenses subject to maximum of Rs 2500
Checked in Baggage Loss	This cover will be given for maximum amount of INR 15000 or actual loss, whichever is lower subject to booking of Air Ticket through debit card of Union Bank of India
Gym	15 days/1month free gym membership 40-50% discounted price on extension of membership
Golf	1 Complimentary Golf session / round in a year. Discounted access from 2nd visit onwards.
Health check up	1 Complimentary premium health check-up package in a year. Discounted Health Check-up facility post utilization of complimentary offer.
SPA services	1 Complimentary SPA session in a year. 40-50% discount on additional sessions throughout the year.
RuPay lounge program	<b>International Airport lounge:</b> International lounge program provides access to cardholders two (2) times per calendar year at any of the 500+ participating international airport lounges. <b>Domestic Airport Lounge:</b> Domestic Airport lounge program for "RuPay Select" Debit Card provides access to cardholders two (2) times per calendar quarter, per card at any of the 20+ participating domestic airport lounge.
Exclusive merchant offers	Exclusive offers from selected partner merchants.

\*Features provided by NPCI are subject to change which will be updated in the NPCI website. Please visit [www.RuPay.co.in](http://www.RuPay.co.in) for latest offers and lounge facility details.

  
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Annexure-4

Standard Operating Procedure & Claim process for Personal Accident Insurance  
in Union Super Salary Account

Name of the Insurance Company:

Account holder would be covered under Personal Accident Insurance by United India Insurance Co Ltd.

1	Personal Accident Death (PAI)	Rs. 115 lakhs On Duty Rs. 115 lakhs Off Duty Rs. 115 lakhs
2	Age	Min Age: 18 years Max Age: 60 years.  *However, if pension is routed through their existing USSA account PAI is available upto the age of 70 years.
3	Permanent Total Disability (PTD)	Rs. 100 lakhs
4	Permanent Partial Disability Cover (PPD)	Rs. 100 lakhs
5	Inclusion of Death in active operation	Yes
6	Air Accidental Insurance Cover with Debit Card	Rs. 100 lakhs
7	Children Education Bonus (with Debit Card)	5% of sum insured or actual expense subject to a maximum of Rs. 15000
8	Ambulance Charges (with Debit Card)	Actual expenses subject to a maximum of Rs. 1000/-
9	Transportation Expenses (with Debit Card)	Reimbursement of transportation of insured person's dead body to the place of residence are paid as per actual expenses subject to maximum of Rs. 2500/-.

  
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10	Girl Child (18-25 years) marriage cover with Debit Card	20% of PAI sum insured subject to maximum of Rs. 200000 is payable to the Girl Child, subject to the insured person expired due to accident other than Road Accident.
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The features of USSA accounts will be extended to the existing or new Salary account holders of SCR after credit of one-month salary and thereafter regular salary credits into the USSA account.

Sustain Any bodily injury resulting solely and directly from accident caused by external violent and visible means, then the Insurance company shall pay to the insured or his legal personal representative(s) as the case may be the sum or sums hereinafter set forth in respect of any of the insured persons specified in the schedule :-

a) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause to the death of the insured persons the Capital Sum insured stated in the Schedule hereto applicable to such insured person.

b) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

i. Sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or one-entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or loss of one entire foot, the capital sum insured stated in the Schedule hereto applicable to such Insured person.

ii. Use of two hands or two feet, or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot, the capital sum insured stated in the Schedule hereto.

c) If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

i. The sight of one eye or of the actual loss by physical separation of one entire hand or one entire foot, fifty percent (50%) of the capital sum insured stated in the Schedule hereto applicable to such insured person.

ii. Total and Irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the capital sum insured stated in the Schedule hereto applicable to such insured person.

**Note:** For the purpose of clause (b) and (c) above, physical separation of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle.

d) \*If such Injury shall as a direct consequence thereof immediately, permanently, totally and absolutely, disable the insured person from engaging in any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum insured stated in the schedule hereto applicable to such insured person.

  
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e)\* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum Insured applicable to such insured person in the manner indicated below:

SI No.	Item	% of Capital Sum Insured
i	a. Loss of toes -all	20
	b. Great -both phalanges	5
	c. Great -one phalanx	2
	d. Other than greet, of more than one toe lost each	1
ii	Loss of hearing -both ears	50
iii	Loss of hearing_ -one ear	15
iv	Loss of 4 fingers and thumb of one hand	40
v	Loss of 4 fingers	35
vi	a. Loss of thumb -both phalanges	25
	b. Loss of thumb -one phalanx	10
vii	a. Loss of index finger -three phalanges	10
	b. Loss of Index finger -two phalanges	8
	c. Great -one phalanx	4
viii	a. Loss of middle finger - 3 phalanges	6
	b. Loss of middle finger - 2 phalanges	4
	c. Loss of middle finger - 1 phalanx	2
ix	a. Loss of ring finger - 3 phalanges	5
	b. Loss of ring finger - 2 phalanges	4
	c. Loss of ring finger -1 phalanx	2
x	a. Loss of little finger - 3 phalanges	4
	b. Loss of little finger -2 phalanx	3
	c. Loss of little finger -1 phalanx	2
xi	a. Loss of metacarpals - first or second (additional)	3
	b. Loss of metacarpals - third, fourth or fifth (additional)	2
xii.	any other permanent partial disablement	% as assessed by the Doctor

  
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**Standard Exclusions:**

The company shall not be liable under this policy for:

1. Compensation under more than one of the foregoing sub-clauses in respect of the same period of disablement.
2. Any other payment to the same person after a claim under one of the sub-clauses (a), (b), (c) or (d) has been admitted and become payable.
3. Any payment in case of more than one claim in respect of such Insured person under this Policy during any one period of insurance by which the maximum liability of the company in that period would exceed the sum payable under sub-clause (a) of the Policy to such insured person.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation In respect of death, injury or disablement of insured person (a) from Intentional self-injury, suicide or attempted suicide (b) whilst under the Influence of intoxicating liquor or drugs (c) whilst engaging In aviation of Ballooning, whilst mounting Into dismounting from or traveling In any Balloon (d) directly or indirectly caused by venereal disease or insanity (e) arising or resulting from the insured committing any breach of the law with criminal intent.
6. Payment of compensation In respect of Death, Injury or disablement of the insured person due to arising out of or directly or indirectly connected with or traceable to war Invasion, act of foreign enemy, Hostilities (Only Declared War) Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture Arrests, Restraints and Detainment of all Kings, Princes and people of whatever nation, condition or quality so ever.
7. Payment of compensation in respect of Death of, or bodily injury or any disease or illness of the insured persons
  - a. directly or Indirectly caused by or contributed to by or arising from Ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
  - b. directly or indirectly caused by or contributed to by or arising from nuclear weapon/ materials.
8. Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the company under this Policy.
9. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly caused, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

  
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**Accident Insurance claims (with account): -**

**(i) Name of the Insurance Company**

Personal Accident Insurance cover to all the USSA account holders of Union Bank of India is being provided by United India Insurance Co Ltd for the period 01.08.2023 to 31.07.2024. In case of change of insurer, necessary information will be provided immediately.

**(ii) Maximum Time Period for Submission of Claim**

Intimation of accident (Name, Account number and Date of Accident/Death) giving rise to claims, shall be given to the Insurer through the concerned Branch within 60 days from the date of accident. Branch will intimate the claim at [akshaymalik@uiic.co.in](mailto:akshaymalik@uiic.co.in) from branch e-mail id.

Claim documents shall be submitted by Claimant to Insurance Company through the branch within 90 days from the date of accident. In case of any delay beyond the stipulated time frame, branch shall not refuse to accept the claims and shall forward the same to the insurance company for consideration. However, customers shall be encouraged to adhere to the timelines for claim submission.

**(iii) Claim Documents**

In case of claim, following documents shall be submitted to the Insurance Company, along with a certificate from the Branch as per Annexure-4, filled in claim form as per Annexure-5 and NEFT Form as per Annexure-6

**a) IN CASE OF ACCIDENT DEATH**

- Claim Form duly filled in and signed by the legal heir/nominee/legal representatives and attested by Bank Officials
- Copy of Account opening, and nomination form duly attested.
- Copy of account statement for 6 months prior to the last transaction.
- Bank Certificate.
- FIR of Police (attested copy). Or police intimation (attested by bank official)/General Dairy with brief details of the incident (attested by bank official).
- Copy of the postmortem report, if conducted (attested by bank officials), in case of the postmortem not conducted other supporting documents which confirms the cause of the death may be required.
- Death Certificate in Original.
- Discharge/Death Summary of the Hospital.
- Succession Certificate wherever necessary, copy of the KYC documents of the nominee.
- Identity and Age Proof
- With regards to air accident any documents substantiating the claim.

**b) IN CASE OF DISABLEMENT**

- Copy of Account opening, and nomination form duly attested.
- Xerox copy of ledger sheet from the date of account opening to the last transaction.
- Bank Certificate.
- FIR of Police (attested copy).
- Police Final Report / Charge Sheet (attested copy).

  
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- Disablement Certificate issued by the DISTRICT MEDICAL BOARD or Chief Medical Officer, Railway Hospital within twelve months from the date of the accident.
- Photograph of the disabled showing the disability.
- Medical record of treatment taken from the Hospital.
- Duly filled in Claim Form.

**(iv) Submission of Claims - Process:**

Upon receipt of the duly completed claim form along with requisite documents, branches shall send the documents to the following address:

**United India Insurance co Ltd**  
**DO-8 (120200)**  
**5th Floor, Union Co-op Insurance building,**  
**23 Sir P.M. Road, Fort, Mumbai -400001.**  
**Email id: 120200@uiic.co.in, akshaymalik@uiic.co.in**

Branches shall guide the customers and assist them in case of any claim. Branch should ensure prompt intimation/submission of claim once it is reported to the branch by the claimant. It shall also be ensured that all the details are properly filled in the claim forms and all relevant documents as per the nature of the claim are sent to the respective office of the insurer for hassle free and timely settlement of the claim.

**Accident Insurance claims (With Debit Card): -**

**(i) Name of the Insurance Company**

M/s National Insurance Company Ltd. is the insurer for the period **09-01-2024 to 08-01-2025**. In case of change in insurer, necessary information will be provided immediately.

**(ii) Eligibility criteria for lodging insurance claim is as under:**

- Death of cardholder due to accident.
- Debit card should be in active status.
- Debit card should have been used for financial or non-financial transaction before 90 days from the date of accident of the cardholder.

**(iii) Claim Documents:**

- Claim intimation by the legal heir/nominee/legal representatives to the bank.
- Claim form duly filled in and signed by the legal heir/nominee/legal representatives and attested by bank official.
- Death certificate in original or copy of death certificate duly attested by bank officials or gazetted officer.
- Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official.
- Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post-mortem not conducted, other supporting document which confirms cause of death may be required.

  
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- Statement of account duly attested by Bank officials.
- Discharge/death summary (In case insured was admitted to hospital for treatment).
- If the death occurs in the hospital a medical certificate to be submitted.
- Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident
- Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence.
- Money receipt for payment of school/college fees of dependent children along with the birth certificate of the children.
- In the event of a missing person declared dead by the governing authority then in such a situation the claim will be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only
- With regard to air accident any documents substantiating the claim
- Copy of KYC documents of deceased card holder and legal heir/nominee/legal representatives attested by bank official.

#### iv) Submission of Claims - Process

To speed up the process of settlement of insurance claims, Union Bank of India has appointed M/s AnandRathi Insurance Brokers Ltd. to serve as broker between the insurer and the Bank for this policy. The services to be provided by the broker will be as under:

- Broker will be intimated by the Bank about the claim.
- If any discrepancies found in the documents, broker will contact the debit card issuer branch and the branch would seek for clarification from the claimant/legal heir for submission of documents. Whenever required they shall aid with completion of claim documents.
- Broker will provide 24X7 Call centre service for responding to the queries/follow up of documentation for settlement of the claims.
- Broker will follow up with the insurer where claims are pending for more than 15 days from the date of submission of intimation/claim documentation and thereafter makes further follow up with the claimant for submission of related forms/documents, if any, for enabling early settlement of claims.

#### Claims workflow to be followed is as under:

- Claimant/Legal Heir will intimate the Branch upon death of the cardholder due to accident and will collect the required Claim Form and Checklist from the Branch.
- Legal heir will submit the claim documents to debit card issuer branch.
- The branch after scrutiny of the documents will send the soft copy of the claim documents to the broker and insurer immediately on Email IDs: [dipakm.acherakar@nic.co.in](mailto:dipakm.acherakar@nic.co.in) and [pooja.tirpathi@nic.co.in](mailto:pooja.tirpathi@nic.co.in)

  
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- Under copy to [vishwakhot@rathi.com](mailto:vishwakhot@rathi.com), [rohansharma@rathi.com](mailto:rohansharma@rathi.com), [dilipshegde@rathi.com](mailto:dilipshegde@rathi.com) and [debitcard.insurance@unionbankofindia.com](mailto:debitcard.insurance@unionbankofindia.com) within 30 days of the receipt of the documents. The Branch also must dispatch the Original of the documents to the broker. The brokers address and contact number are is under:

**Mr. VishwasKhot, Asst. Manager,  
M/s. AnandRathi Insurance Brokers Ltd.  
10th Floor, Regent Chambers, Jamnalal Bajaj Road,  
Nariman Point, Mumbai, Maharashtra 400021.  
Mobile Number: 9699009390.**

- The broker will submit the claim documents to the insurer within 7 days of having received all the documents.
- Any requirement/deficiencies in the documents submitted shall be sought by the insurer within 7 working days of the receipt of the claim documents. The broker to be kept in loop while seeking for clarifications from the insured. Broker will make follow up with the branch for revert on deficiencies.
- All the documents being in order, the Insurance Company will settle the claim within 15 working days from the date of receipt of the documents. Broker will further follow up with the insurer where claims are pending for more than 15 days from the date of submission of claim documents.



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Annexure 5



**UNITED INDIA INSURANCE COMPANY LIMITED**  
(Regd. & Head Office: United India House, 24, Whites Road, Chennai - 600 014)  
Bancassurance Divisional Office No.:8: Union Co-op. Insurance Bldg., 5<sup>th</sup> Floor,  
Sir PM Road, Fort, Fort, Mumbai-400 001 (CIN: U93090TN1938GO1000108)

**GROUP PERSONAL ACCIDENT CLAIM FORM**

To be submitted for claiming Personal Accident Insurance (Death / PTD / PPD) of CASA account holders of Union Bank of India within 30 days after date of Death / Accident. Please return the form duly completed within 30 days of the accident together with the relevant prescription, bills, receipts etc.

The issue of this form does not constitute admission of liability.

Policy No (A/c Union Bank of India)		Telephone No: 22821977/22821928 /22821827 Dir : 22831762 Fax:22821924 Email Id: <a href="mailto:120200@uiic.co.in/">120200@uiic.co.in/</a> Correspondence Address: United India Insurance Co. Ltd., Bancassurance Divisional Office No.:8: Union Co-op. Insurance Bldg., 5 <sup>th</sup> Floor, Sir PM Road, Fort, Mumbai-400 001.
Policy Period	From To	
1	Name of CASA Account holder	
	Address in full of the CASA Account Holder	
2	Details of CASA Account Holder	
	a) Age of the Account Holder at the time of accident	
	b) Occupation	
	c) CASA Account No.	
	d) Type of Account (Savings A/c / Salary Savings A/c)	
	e) Details of Union Bank of India Branch where SB Account is maintained	Name: Branch Code:

  
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Union Bank of India

		Address:
	f) Sum Insured Opted and Cover	
3	Details of Accident	
	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	
	e) Details of Accident	
	f) Was the injured person under the influence of drugs or intoxicating liquor at the time of accident.	
4	Details of Medical Treatment	
	a) Give details of medical attention given and the name & Address of the Medical Attendant.	
	b) If the Medical Attendant name above is not the injured Person's usual Medical Attendant, give the Name and Address of his / her usual Medical Attendant	
	c) Has he/she or any other Medical treated the injured Person previously for any illness or injury?	

  
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5	Details of Nominee in case of Death Claims	
	a) Name of Nominee / Joint Account holder in the SB account [If Available]	
	b) Relationship of Nominee/ Joint Account holder with Account Holder [If Available]	
	c) Full Address of the Nominee	
	d) E Mail ID of Nominee (if available)	
	e) Mobile Number of Nominee	

Note: Please submit the following documents with translation in English if it is in regional language:

1. FIR
2. Panchanama
3. Postmortem report
4. Death Certificate
5. Any other documents pertaining to the claim

Note: Bank Statement of the Deceased Account holder from the Date of Opening of SB Account or Six months whichever is maximum period to be submitted duly certified by the Branch Manager

The foregoing details are true to the best of my / our knowledge and belief.

Signature of person Intimating Claim .....

Full Name of person Intimating Claim .....

Relationship with Deceased Account Holder .....

Contact details of person Intimating Claim

Landline No .....

Mobile No .....

Email ID .....

(Intimation may be advised through Email, Post, Telephone/ Fax)

  
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# KYC FORM

## Annexure A1

### CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

#### Important Instructions:

- A) Fields marked with \* are mandatory fields.
- B) Tick "✓" wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.
- G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



For office use only Application Type\*  New  Update  Delete  
 (To be filled by financial institution) KYC Number  (Mandatory for KYC update request)

#### 1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

Addition of Related Person  Deletion of Related Person  Update KYC Number of Related Person (if available)

Related Person Type\*  Guardian of Minor  Assignee  Authorized Representative  
 Name\* Prefix First Name Middle Name Last Name  
 (If KYC number and name are provided, below details are optional)  
 Maiden Name  
 Father / Spouse Name  
 Mother Name  
 Date of Birth\*  
 Gender\*  M- Male  F- Female  T-Transgender  
 PAN\*  Form 60 furnished

#### 2. PROOF OF IDENTITY AND ADDRESS\*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II  E-KYC Authentication
- III  Offline verification of Aadhaar



Address  
 Line 1\*  
 Line 2  
 Line 3  
 District\* Pin / Post Code\* City / Town / Village\* State / U.T Code\* ISO 3166 Country Code\*

#### 3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D-NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II  E-KYC Authentication
- III  Offline verification of Aadhaar
- IV  Deemed Proof of Address - Document Type code
- V  Self Declaration

*Malikhera*  
 South Central Railways



*Siary*  
 Union Bank of India

Address

Line 1\*

Line 2

Line 3

District\*

Pin / Post Code\*

City / Town / Village\*

State / U.T Code\*

ISO 3166 Country Code\*

4. CONTACT DETAILS

Tel. (Off)

Tel. (Res)

Mobile

Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date :

Place:

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

Certified Copies

E-KYC data received from UIDAI

Data received from Offline verification

Digital KYC Process

Equivalent e-document

Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date

Grid for Date

Emp. Name

Grid for Emp. Name

Emp. Code

Grid for Emp. Code

Emp. Designation

Grid for Emp. Designation

Emp. Branch

Grid for Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Grid for Name

Code

Grid for Code

Large empty box for Institution Details

[Institution Seal]

*Mohinder*  
South Central Railways



*Siary*  
Union Bank of India

Annexure 6



**UNITED INDIA INSURANCE COMPANY LIMITED**  
(Regd. & Head Office: United India House, 24, Whites Road, Chennai - 600 014)  
Bancassurance Divisional Office No.: 8: Union Co-op. Insurance Bldg., 5<sup>th</sup> Floor,  
Sir PM Road, Fort, Mumbai-400 001 (CIN: U93090TN1938GO1000108)

Email Id: [120200@uiic.co.in](mailto:120200@uiic.co.in)

**NEFT FORM FOR PERSONAL ACCIDENT INSURANCE**  
(To be submitted by the claimant only)

Sir,

I/We furnish below details of my/our bank account to be used for effecting payments due to us by NEFT/RTGS

1.	<b>Registration for NEFT/RTGS payments</b>	
	<b>Name of the Insured (Account Holder)</b>	
	<b>Category</b>	Personal Accident Insurance Death / PTD / PPD claim / Accident Insurance claim UBI SB Account Holders
	<b>Policy Number</b>	
	<b>Policy Period</b>	
	<b>Claim number, if any, provided (policyholders only)</b>	
2.	<b>Bank Account Details for NEFT/RTGS</b>	
	<b>Name of account Holder/Claimant</b>	
	<b>Bank Name</b>	
	<b>Bank Branch Name</b>	
	<b>Bank Branch Address</b>	
	<b>MICR Code</b>	
	<b>Full Bank Account No. (for NEFT)</b>	
	<b>IFSC Code</b>	

Please attach a copy of a cancelled cheque leaf or Photocopy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, and IFSC code. Please verify the details with your bank before submitting.

I/We hereby declare that the given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, United India Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold United Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

**Signature of the Applicant (Claimant)**

Place:

*Signature*

South Central Railways



*Signature*  
Union Bank of India

Date:

Annexure 7

Overdraft application form for Union Super Salary Account

To:  
The Branch Manager,  
Union Bank of India

\_\_\_\_\_ Branch

Dear Sir/Madam.

Union Super Salary Account (for South Central Railways) REQUEST FOR OVERDRAFT FACILITY

I am maintaining a Saving Bank account No \_\_\_\_\_ with your branch and my employee Number is \_\_\_\_\_. At my request, you have agreed to grant me an overdraft limit (facility) of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) which is approximately as per the features of Union Super Salary Account. I am enclosing photocopies of my salary slips for your ready reference. I have represented to you that the said loan is required to meet my urgent personal/domestic expenses and not for speculative/real estate purposes.

In consideration of your granting me the above facility, I undertake to liquidate the outstanding in the facility with interest from my next salary (ies) within a period of six months from the date of sanction of the facility. I also undertake and agree to pay interest for the above facility, at the rate applicable to Clean Overdraft i.e. \_\_\_\_\_ % per annum above EBLR floating, currently \_\_\_\_\_ % p.a. with monthly rests. I also agree that the said rate of interest shall undergo change from time to time as applicable to on overdraft account.

I undertake to repay the facility with interest in such instalments as mentioned above and to facilitate such repayment, I hereby authorize you to deduct such amount as may be required from my above account. In case, my salary is not credited to the above account for any reason whatsoever, I undertake to pay the monthly instalment with interest on or before the due date.

Yours faithfully,

Name:

Mobile Number:

E-mail id:

Office Address:

  
South Central Railways





**Annexure 8**

**Term Policy**



Pension & Group Scheme Dept., Mumbai DO I  
5<sup>th</sup> Floor, LIC Digital Building,  
Bandra Kurla Complex, Mumbai - 400 051  
Email Id- bo\_g706@licindia.com

**DEATH CLAIM INTIMATION – GROUP INSURANCE SCHEME / S**

1. Full Name & Address of Master Policy Holder : Union Bank of India, Mumbai -400 021
2. Name of the scheme: Group Insurance Scheme for Union Bank of India Salary Account Holders
3. Master Policy No. GI: 706005709
4. Deceased Employee/Member Account Code No. \_\_\_\_\_
5. LIC ID \_\_\_\_\_
5. Name of the deceased Employee \_\_\_\_\_
6. Was the deceased member Account holder at the time of death : \_\_\_\_\_
7. Whether the deceased member under the scheme?: \_\_\_\_\_  
If so, from since when?: \_\_\_\_\_
8. The Name of the nominee: \_\_\_\_\_  
Nominee's address: \_\_\_\_\_
9. Cause of death (Please enclose original// Certified copy of death certificate): \_\_\_\_\_
10. Date of Death & Age: \_\_\_\_\_
11. Date of Birth : \_\_\_\_\_
12. Date of joining scheme: \_\_\_\_\_
13. Outstanding amount of loan (in case of lender borrower Scheme): \_\_\_\_\_
14. If the claim is being intimated after 6 months from the date of death, Please give reason for delay:  
\_\_\_\_\_

We hereby declare and confirm that the above information's are correct as per our records.

\_\_\_\_\_  
( Authorized Signature for & on behalf of Master Policy Holder)

Date: \_\_\_\_\_

Place: \_\_\_\_\_

  
South Central Railways



  
Union Bank of India

## Term Policy



Pension & Group Scheme Dept., Mumbai DO 1  
5<sup>th</sup> Floor, LIC Digital Building,  
Bandra Kurla Complex, Mumbai - 400 051

Annexure -II

CLAIM FORM FOR GROUP INSURANCE SCHEME FOR UNION BANK OF INDIA SALARY ACCOUNT HOLDERS

M P H Policy No. : 706005709

PART A - To be Completed by the Nominee / Beneficiary

- 1) Name and Address of the Deceased Member \_\_\_\_\_  
\_\_\_\_\_
- 2) Name and Address of M P H : Union Bank of India, Mumbai -400 021
- 3) Date of Entry into the Scheme \_\_\_\_\_
- 4) Name of Nominee \_\_\_\_\_
- 5) Full Address of Nominee \_\_\_\_\_  
\_\_\_\_\_
- 6) Relationship with the Member \_\_\_\_\_
- 7) Date of Death of Member \_\_\_\_\_
- 8) Cause of Death of Member \_\_\_\_\_
- 9) Name and Address of the Bank \_\_\_\_\_
- 10) NEFT Mandate Attached:- Yes / No

I hereby declare that the answers to all the above questions are true and correct in every aspect.

Place : \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Nominee / Beneficiary

Signature and seal of MPH

Please attach Identity proof and Cancelled Cheque

  
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Annexure9

THENATIONALINSURANCECOMPANYLIMITED



TrustedSince1906

Registered and Head Office: 3, Middleton Street, Kolkata - 700  
071PhoneNo -033-22831705,Fax-033-22831712  
Email-website.administrator@nic.co.in

GROUPPERSONALACCIDENTCLAIMINTIMATION/CLAIMFORMFORDEBIT/CREDITCARDHOLDER

Issuanceofthisformat forintimationof aclaimisnottobetakenasaanadmissionofliability.

PolicyNo. (A/cUnionBankofIndia)		PolicyPeriod:
Insured	UnionBankofIndia	
Mailingaddressand email ids forcommunication.	TheNationalInsuranceCompanyLimited MCRO, 2nd floor, National Insurance Building, 14,JamshedjiTataRoad,ChurchGate,Mumbai-400020  Emailidsforcorrespondence: <a href="mailto:vishwaskhot@rathi.comdipa">vishwaskhot@rathi.comdipa</a> <a href="mailto:km.acherakar@nic.co.in">km.acherakar@nic.co.in</a> <a href="mailto:pooja.tripathi@nic.co.in">pooja.tripathi@nic.co.in</a>	

1	TypeofCard	Debit/Credit	
2	NameofDebit/CreditCardholder		
3	Debit/CreditCardNumber		
4	SumInsured(MentionedAmount)		
5	CategoryofDebitCard	<u>CategoryofDebitCard</u>	PleaseTickmark(wh ereverapplicable)
		RuPay Select / Visa Signature(IssuedinUSS AllandIIIAccount Schemes	

  
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		<u>Category of Debit Card for Checked In Baggage Loss (Rs. 15,000/- or actual whichever is lower)</u> <u>OR</u> <u>Girl/Child Cover (20% of PAI Sum Insured subject to maximum of 5,00,000/-)</u> RuPay Select / Visa Signature (Issued in USSAI and III Account Schemes)	
		<u>Category of Debit Card For Air Accident Cover</u> RuPay Select / Visa Signature (Issued in USSAI and III Account Schemes (Rs. 100 Lakhs)	
6	Account Number of Union Bank of India		
7	Account Type		
8	Address in full with Pin code number		
9	a) Date & Time of Accident		
	b) Date & Time of Death		
	c) Place of Accident		
	d) Brief description of Accident		
	e) FIR No. & Date		
10	Details of last transaction & date		

  
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11	BranchDetails(whereaccountismaintained)	Name:
		BranchCode:
		BranchName:
		Address:
12	<b>DetailsofLegalHeir/Nominee/Legal RepresentativesDetails</b>	
(A)	NameofLegalHeir/Nominee / Legal Representatives ofDebit/CreditCardHolder	
(B)	Relationship of Legal Heir /Nominee / LegalRepresentativeswithDebit/Credit Card Holder [IfAvailable]	
(C)	AddressoftheLegalHeir/Nominee / LegalRepresentatives  (ifavailable)	
(F)	EMailIDofLegalHeir/Nominee / LegalRepresentatives	
(G)	ContactNumberofLegalHeir/Nominee / LegalRepresentatives	

I hereby confirm and declare that the information furnished above is true to the best of my knowledge and if at any stage it is found that any of the information furnished by me above is incorrect, the claim preferred above may be forfeited by the Insurance Company.

Above information is verified by Union Bank of India Branch Head.

**Signature of Legal Heir / Nominee / Legal Representatives**

**Name of Legal Heir / Nominee / Legal Representatives**

**Seal/Signature**

**Branch Head**

**Date: Union Bank of India**

Place:

Branch:

Intimation may be advised through Email, Post, Telephone/Fax)

  
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□ **List of Documents:**

Claim Intimation to the Bank (By legal heir/nominees/Legal representative of the diseased - The same is mentioned in policy schedule)

- a. Claim form duly filled in and signed by Nominee / Legal Heir / Legal Representative and attested by bank official.
- b. Death certificate in original or copy of death certificate duly attested by bank officials or gazetted officer.
- c. Copy of First Information Report (FIR) / Police intimation / General Diary (Attested by bank officials) along with translated copy of FIR copy if it is in local language.
- d. Copy of post-mortem report and viscera report if it is conducted (Attested by bank officials). In case post-mortem not conducted, other supporting documents which confirms cause of death may be required.
- e. Statement of account duly attested by Bank officials. ( i.e. Updated statement account / passbook copy for financial or non-financial transaction before 90 days from the date of accident / death of the cardholder / supporting document for non-financial transaction for Debit Card Holders.) (Statement of Account only for Credit Card Holders)
- f. Discharge / death summary (in case insured was admitted to hospital for treatment).
- g. If the death occurs in the hospital a medical certificate will be submitted.
- h. Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident.
- i. Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence (applicable for Debit Card Holders).
- j. Money receipt for payment of school / college fees of dependent child along with the birth certificate of the child (applicable for Debit Card Holders).
- k. In the event of missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurance company on the basis of FIR, claim form and claim intimation.
- l. With regard to air accident, any documents substantiating the claim.
- m. KYC document of deceased person & Nominee / legal heir / Legal Representative

  
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