



## **ALL INDIA BANK RETIREES' FEDERATION (REGD.)**

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The General Secretaries  
All Affiliates of Public Sector and Private Sector Banks  
AIBRF

Dear Comrades,

### **Re: Review of Performance of Third-Party Administrators (TPAs) Appointed under IBA Group Medical Insurance Scheme (2025-26) – Collection of Data on Delay, Rejection and Other Grievances**

As you are aware, under the IBA Group Medical Insurance Scheme for Bank Retirees for the policy year **2025-26**, claims under both the **Cashless Hospitalization Facility** and the **Reimbursement Facility** are processed by the **Third Party Administrators (TPAs)** appointed by the National Insurance Company in consultation with the Indian Banks' Association (IBA).

TPAs constitute the most critical service delivery mechanism under the scheme. Their efficiency, responsiveness and professionalism directly determine the quality of medical claim settlement and the level of satisfaction of retired bank employees and their family members.

According to available information, more than **1.60 lakh retirees** have enrolled under the IBA Group Insurance Scheme during 2025-26, covering nearly **three lakh lives** including spouses. It is therefore essential that claim settlement services are prompt, transparent and retiree-friendly.

#### **Complaints Received**

The Central Office has been receiving a large number of complaints from affiliates and individual retirees regarding the functioning of certain TPAs. The major grievances reported include:

1. **Abnormal delay in granting cashless authorization at the time of hospital admission.**
2. **Delay in issuing final discharge approval, resulting in avoidable inconvenience, financial hardship and mental stress to patients and their family members.**
3. **Inadequate network and support infrastructure for attending beneficiaries' queries and grievances.**
4. **Inordinate delay in settlement of reimbursement claims, extending to several weeks and, in some cases, several months.**
5. **Arbitrary or excessive deductions from admissible medical expenses without assigning proper reasons or quoting relevant policy provisions.**
6. **Absence of an effective communication and escalation mechanism for timely grievance redressal.**
7. **Repeated demand for documents that have already been submitted by the claimant.**
8. **Other deficiencies affecting timely and fair settlement of claims.**

### **Monitoring Mechanism under the Scheme**

It may be recalled that the tender document governing the scheme contains adequate provisions for monitoring the performance of TPAs. It provides for:

- Continuous review of TPA performance by a Committee comprising **CGM (HR)/GM (HR) of five participating member banks.**
- Authority to examine service deficiencies and recommend corrective measures.
- Power to recommend delisting of hospitals or medical service providers where necessary.
- Power to recommend **replacement or removal of TPAs during the currency of the policy if their performance remains unsatisfactory despite repeated observations.**
- Submission of **Monthly MIS** by the Insurance Company containing detailed information on claims received, claims approved, pending claims, age-wise pendency, average turnaround time for authorization and settlement, and other operational parameters.

These provisions can be effectively invoked only when supported by well-documented evidence of deficiencies experienced by beneficiaries.

### **AIBRF Initiative**

AIBRF has decided to prepare and submit a **comprehensive memorandum** to the Indian Banks' Association and the National Insurance Company highlighting the deficiencies in the functioning of TPAs, particularly relating to abnormal delays, unjustified rejections and other service shortcomings. The objective is to seek immediate corrective measures, improve service standards and ensure that inefficient TPAs are removed from the approved panel wherever warranted.

## **Information Required from Affiliates**

Accordingly, all affiliates are requested to collect, consolidate and forward details of genuine cases pertaining **only to the policy period 2025-26** in the following format:

1. Name of the Retiree and Spouse
2. Service Number / PF Number
3. Name of the Bank
4. Base Policy Number
5. Super Top-up Policy Number (IBA)
6. Name of the TPA
7. Details of Claim Delayed and/or Rejected
8. Nature of Grievance (with brief facts)
9. Present Status of the Claim

Affiliates are requested to scrutinize the information before forwarding it to the Central Office. **Only consolidated information from the Head Office of each affiliate** should be submitted. Individual cases sent directly by members will not be entertained.

## **Importance of the Information**

The information sought through this circular assumes special significance. AIBRF has been consistently pursuing with the Indian Banks' Association (IBA) the need for **meaningful consultation with representatives of bank retirees in the selection, review and continuation of TPAs**, so that only efficient and accountable service providers are entrusted with the responsibility of handling retirees' medical claims. Further, AIBRF has filed a Writ Petition before the Mumbai High Court seeking recognition of the retirees' right to direct dialogue and consultation with IBA on issues affecting retired employees. The matter is presently listed for hearing on **8th July, 2026**. Comprehensive, authenticated and consolidated data regarding delays, arbitrary claim rejections and other deficiencies in the functioning of TPAs will substantially strengthen AIBRF's representations before IBA as well as support the retirees' case in the pending proceedings before the Hon'ble High Court. We, therefore, request every affiliate to treat this exercise as a matter of **high priority** and submit complete and accurate information within the stipulated time.

## **Last Date**

The consolidated information should reach the **AIBRF Central Office on or before 31st July, 2026** to enable timely preparation and submission of the memorandum.

Dear Comrades, medical insurance has become an essential social security measure for retired bank employees. Timely settlement of medical claims is of utmost importance, particularly for senior citizens who often require urgent medical assistance. AIBRF remains fully committed to safeguarding the interests of retirees and will vigorously pursue the matter with the concerned authorities to ensure accountability, better service standards and appropriate action against defaulting TPAs.

Your wholehearted cooperation in this important exercise is earnestly solicited.

With greetings,

**Yours Sincerely**

A handwritten signature in black ink, appearing to read 'mabas', is written over a horizontal line that extends to the left and right.

**(S. C. JAIN)**  
**GENERAL SECRETARY**