

IBPS Clerk Ex-Servicemen Medical Benefits 2026

Medical aid, family eligibility, claims and ECHS coordination after joining a Public Sector Bank.

IBPS handles recruitment and provisional allotment. Employee medical benefits are administered by the employing bank under the applicable settlement, service rules and medical policy. Selection alone does not activate coverage.

What to check	What it means
Employee category	Use the serving clerical / Customer Service Associate scheme. Military retirement does not make you a retired bank employee.
Medical aid	A limited annual reimbursement benefit, separate from hospitalization insurance.
Hospitalization cover	Eligible expenses within the bank policy limits and conditions.
Family coverage	Only family members who meet the applicable definition and enrolment requirements.
ECHS	Resolve the medical-facility option with bank HR and the ECHS Regional Centre.

Two amounts with different purposes

₹2,830 annual medical aid: Clause 25 of the 12th Bipartite Settlement specifies this annual reimbursement limit. Check the bank's implementing circular and any revision. It is not the hospitalization insurance limit. [1]

₹4 lakh family cover - a bank-specific example: Bank of Baroda's Employees GHI Base Policy 2025-26 lists this family floater amount for clerical/award staff. It is not a universal promise for every bank, new recruit or policy period. [2]

Start with the correct documents

Ask HR for your appointment terms, serving-staff medical circular, policy schedule, family declaration and insurer/TPA contact details.

Prepared by ExamTune as an educational guide. The applicable bank and ECHS documents govern individual eligibility and claims. Source links appear on page 4.

Family coverage and probation

Who can be included?

Check the scheme's provisions for your spouse, dependent children and eligible dependent parents or parents-in-law. The definition can include other specified dependent relatives. Coverage depends on the rules and completed enrolment.

Dependency benchmark: Clause 29 of the 12th Bipartite Settlement uses a monthly income ceiling of ₹18,000 for a wholly dependent family member. For parents, their combined monthly income is relevant. Any two eligible dependent parents/parents-in-law may be covered for medical reimbursement. Apply the bank's detailed enrolment rules. [1]

- Confirm relationship, income and other dependency conditions for each person.
- Check names, dates of birth and relationships on the coverage record.
- Submit the prescribed declarations and supporting documents.
- Ask how marriage, childbirth and changes in dependency must be reported.
- Declare a spouse's employment and other medical facilities where required.

ECHS family eligibility is separate

A person covered under ECHS does not automatically qualify as a dependent under the bank scheme, or vice versa.

Does coverage start only after probation?

Do not assume that medical cover begins only after confirmation. Check the effective date in the appointment and policy documents. For example, the Bank of Baroda policy cited here covers new employees from the joining date stated in their appointment letter. Confirm your own bank's provision. [2]

Checklist for the first week after joining

- Obtain written confirmation of the coverage start date.
- Complete employee and eligible-family enrolment.
- Get policy or health-card details and save claim contacts.
- Ask how claims work before a physical or digital card is issued.
- Complete the applicable ECHS option and NOC formalities.

Before planned treatment, also check pre-existing illness provisions, room/ICU limits, procedure limits and whether OPD or specified domiciliary treatment is covered.

Cashless treatment and claims

Route	How it works
Cashless	Obtain required authorization through the eligible hospital and insurer/TPA. Admissible costs are settled directly; exclusions and excess amounts can remain payable by you.
Reimbursement	Submit eligible expenses and supporting records through the prescribed route. The approved amount depends on policy conditions.

These are settlement routes, not two independent coverage limits. A cashless refusal does not automatically decide the reimbursement claim. Check the applicable policy. [2]

A practical claim sequence

- 1. Confirm the benefit.** Identify annual medical aid, hospitalization insurance or another approved facility.
- 2. Check notification rules.** Obtain the planned-admission and emergency-intimation requirements for your policy.
- 3. Keep complete records.** Collect itemized bills, receipts, prescriptions, reports and the discharge summary.
- 4. Submit through the correct route.** Use the bank portal, insurer or Third-Party Administrator (TPA), within the applicable deadline.
- 5. Retain acknowledgement.** Save the claim number, submission date and copies of every document.
- 6. Check the decision.** Respond to queries and read the settlement statement. Request a written reason and policy clause for deductions or rejection.

Documents to keep ready

- Claim form; employee/policy ID; patient identity and relationship details.
- Prescriptions, investigation reports, itemized bills and payment receipts.
- Admission record and discharge summary for hospitalization.
- Required referrals, authorizations or emergency documents.
- Reimbursement account details, if requested.
- Other-insurance settlement records or ECHS declarations/NOC, where applicable.

Check the scope before spending

Routine consultations and regular medicines are not automatically paid under hospitalization cover. Obtain the specific OPD, domiciliary-treatment or medical-aid rules.

ECHS options and official sources

ECHS's safe-custody policy addresses Ex-Servicemen taking government or PSU employment that provides medical facilities. It permits use of the medical facility of only one government agency and provides for temporary exit from ECHS when opting for the new employer's facility. [3]

Discuss these steps with HR and your ECHS Regional Centre

- Declare your ECHS membership and ask how the rule applies to the bank medical arrangement.
- Confirm the option, effective dates and required documents before changing facilities.
- Where applicable, request temporary exit and electronic safe custody of the ECHS cards through the Regional Centre.
- Keep the safe-custody acknowledgement, which can serve as the NOC.
- Returning to ECHS requires the prescribed unblocking process and employer NOC. [3]

Personally subscribed mediclaim is a separate issue

ECHS FAQ 71 allows an eligible residual-expense claim after settlement by a personally subscribed insurer, subject to the rules and total actual expenditure. Do not assume this overrides the government/PSU employment option requirement. The same expense must not be reimbursed twice. [4]

Source documents

[1] **12th Bipartite Settlement for workmen.** Medical aid: clause 25. Family definition: clause 29. [Read the settlement copy hosted by AIBOBOA.](#)

[2] **Bank of Baroda Employees GHI Base Policy 2025-26.** Policy schedule, clerical family floater amount and new-joiner clause; customer information sheet for claim provisions. [Read the official bank policy PDF.](#)

[3] **ECHS safe-custody policy.** Temporary exit, government/PSU medical facilities, NOC and restoration process. [Read the official ECHS policy PDF.](#)

[4] **ECHS official FAQs.** Question 71 covers coordination with personally subscribed mediclaim. [Read the ECHS FAQ document.](#)

Read the ExamTune article

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Before you rely on a benefit

Ask your bank HR and, where relevant, the ECHS Regional Centre to confirm the provisions applicable to you. The bank-specific insurance example is tied to its stated policy period.