

MODALITIES ON CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR NON-EXECUTIVES:

The Contributory Post Retirement Medicare Scheme for Non-Executives has been approved by Coal India Limited and circulated vide No. CIL/C-5B/JBCCI/CPRMS(Non-Executives)/52 dated 26.11.2014 by Director(P&IR), C.I.L subject to the following:-

“This is a temporary scheme and will be reviewed during the next wage revision/N.C.W.A-X including revision of the contribution amounting to ₹40,000/- (Rupees forty thousand only) which will be taken into account based on actuarial valuation at this time”.

The said scheme has been circulated from General Manager (P&IR), E.C.L vide letter No. ECL/CMD/C-6B/GM(P&IR)/14/282 dated 04.12.2014.

On going through the scheme it is felt that a modality is required to be formulated for smooth implementation of the scheme. It is therefore suggested that following modalities may be considered:

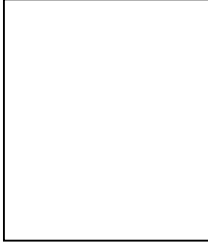
1. The cell presently looking after the job of post retirement medical facility of Executives may be entrusted with the job of Contributory Post Retirement Medicare Scheme for Non-Executives. To facilitate the job the cell to be strengthened with posting of one Accountant and one Clerk. Therefore the total scheme for post retirement medical facility of Executives and Non-Executives will be controlled under same roof and will be named as **Post Retirement Medical Cell**.
2. Interested Ex-employees are required to apply for becoming member of the Contributory Post Retirement Medicare Scheme for Non-Executives in specified format duly filled in to Officer In charge, Contributory Post Retirement Medicare Scheme for Non-Executives Cell, Old Administrative Building, E.C.L HQs, Sanctoria in **Format-A**.
3. At the time of application the following documents will be required to be submitted by the eligible Non-Executive employees:
 - a. Application in Format A in triplicate duly filled in along with ex-employees' details with certification by controlling authority. Ex-employees' details to be certified by H.O.D of the Area/Unit/Hospital/Workshop etc. where he/she was last posted. For Ex-employees who were last posted at E.C.L HQs the wage board establishment In-charge, E.C.L HQs will certify the same.
 - b. Four copies of passport size photograph of each (self, spouse and nominee). Three affixed in Format A and one copy separately. The photographs will be self attested by the Ex-employee and the Controlling Authority from where the Ex-employee was separated.
 - c. Copy of superannuation notice. In case superannuation notice is not available, a certificate duly signed by Personnel Executive of Area/Unit/ Establishment/ Hospital/ Workshop etc. from where he or she was last posted with date of separation is required to be submitted. For Ex-employees who were last posted at E.C.L HQs the Establishment In charge, E.C.L HQs will certify the same.
In case of separation due to voluntary retirement scheme the copy of termination letter is required to be submitted.

- d. In case of separation on medical ground the copy of termination letter is required to be submitted.
In case of death of a **retired Non-Executive** before becoming member his/her spouse will be required to submit a death registration certificate of the Ex-employee.
In Case of termination due to death and medical unfitness/V.R the dependent/Ex-employee, as the case may be, willing to avail the Contributory Post Retirement Medicare Scheme for Non-Executives will be required to submit a declaration. Such applicants will be required to submit separate declaration in **Format B**.
- e. Demand Draft in favour of Eastern Coalfields Limited, payable at State Bank of India, Asansol/Sanctoria Branch as per rate given below as prescribed in the scheme:
- Rs40,000/- who have already superannuated or would superannuate during the period of N.C.W.A- IX (From 01.07.2011).
 - Rs20,000/- who have superannuated during the period N.C.W.A- VIII (01.07.2006 to 30.06.2011).
 - Rs15,000/- who have superannuated during the period N.C.W.A- VII (01.07.2001 to 30.06.2006).
 - Rs10,000/- who have superannuated during the period N.C.W.A- VI and before (Before 01.07.2001).
- In case of membership is for single beneficiary the contribution required to be paid would be half the amount mentioned above.
- f. Xerox copy of Bank pass-book and one cancelled cheque for IFS Code.
- g. Certificate of surrendering of existing Medical Card/certificate of non-issuance of medical card by the Company from authorities where he/she was last posted.
- h. Self attested Photo Identity of spouse and nominee.: - Any one of the following- PAN Card/ EPIC/ Passport/ Driving Licence/ AADHAR Card.
- i. Contact Number (Mobile/Landline)
- j. E-mail ID if any.
- k. Thereafter, medical card will be issued to the Ex-Employees in **Pink colour** as per **Annexure-A**.
- l. Ex-Employees/Spouse will be required to submit Life Certificate every year in the month of December as per **Format C**.
- m. Ex-Employees will be required to submit claim for reimbursement for indoor/hospitalization medical expenses incurred in **Format D & E**. Ex-Employees will submit the claim for reimbursement to Officer In-Charge ,Contributory Post Retirement Medicare Scheme for Non-Executives, Administrative Bulding, E.C.L HQs, Sanctoria quarterly i.e. quarter ending 31st March, 30th June, 30th September and 31st December as prescribed in the scheme.

- n. Ex-Employees will be required to submit claim for reimbursement for outdoor/domiciliary medical expenses incurred in **Format F**. Ex-Employees will submit the claim for reimbursement to Officer In-Charge, Contributory Post Retirement Medicare Scheme for Non-Executives, Administrative Building, E.C.L HQs, Sanctoria quarterly i.e. quarter ending 31st March, 30th June, 30th September and 31st December.
 - o. The Cell will arrange for checking the bill through representative of CMS and get it passed by associate Finance of Administration and dispose of payment through RTGS.
 - p. As per clause 7.1 in case any doubt arises regarding the genuineness of the claim the Company may refer the same to a Medical Board and the recommendation of the Board would be final. The Medical board for the purpose will be constituted by CMS (I/C).
 - q. It is implied that on becoming member of Contributory Post Retirement Medicare Scheme for Non-Executives the earlier facility of providing medical treatment at Company's Hospital will be discontinued. However if any Ex-Employees avails treatment at Company's Hospital, they may be treated as non-entitled cases and the charges incurred will be borne by the Ex-employee. The Ex-employee or spouse thereafter may claim for reimbursement of the expenses incurred. This will continue till decision in this regard is received from C.I.L
 - r. The other terms and conditions are laid down in the scheme already circulated will be followed in totality.
 - s. Contributory Post Retirement Medicare Scheme for Non-Executives of C.I.L has been published in the official website of C.I.L under the head 'info' (Tab: circular)-
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FORMAT- A

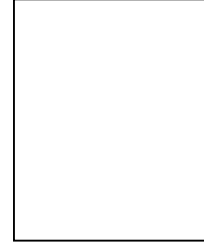
**Application for becoming members in Contributory
Post Retirement Medicare Scheme for Non-Executives.**



Photograph of the seperated Non-Executive.



Photograph of the spouse



Photograph of the nominee, if any.

Name of the Ex Non-Executive with U.M. No.:

Name of spouse:

Date of termination:

Designation at the time of Retirement/termination:

Scale of pay and basic pay as on the date of retirement/termination:

Company along with Mine/Establishment/Unit from where Retired/terminated:

Company/Establishment where Registrered for Medical Benefits under the scheme:

No. and date of Demand Draft remitted with name of the issuing Bank:

Permanent Address:

Present Address with telephone No.:

Name of the nominee with relationship, if any:

Address of the nominee:

Company opted for claiming reimbursement:

Declaration

Certified that myself and my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent.

(Signature of Separated Ex-Non-Executive)

(Signature of the Spouse)

(Signature of the nominee)

For Office Use

Received ₹Vide Draft No.....dated.....

Validity Period of the Card:

From For Lifetime of members subject to revalidation of Card by submission of life-certificate every year in December along with the Xerox copy of Medical Card.

Date of issue:

**(Date, Stamp &
Signature of receiving
Officer)**

**(Signature of Issuing
Authority with seal)**

Format- A

Contributory Post-Retirement Medicare Scheme for Non-Executives

Employment details of Ex-employee: (Certified by Controlling Authority)

1. Name of the Ex-employee:
2. Designation at the time of superannuation/separation:
3. U.M. No.:
4. Place of posting (Last held):
5. Date of Birth:
6. Date of Appointment:
7. Date of Superannuation/Separation:
8. Subsidiary Company from which superannuated/separated:

This is to certify that above information is true to the best of knowledge

(Applicant's Signature)

Certified that the above information have been verified from the office records and found to be correct. The photograph of the Ex-employee has also been certified.

(Certifying Authority)

(Sign and Seal)

Place:

Date:

Format-B

Contributory Post Retirement Medicare Scheme for Non-Executives

Declaration

We/I do hereby declare that on death/medically unfit/V.R. of U.M. No.....Ex-employee of Unit/Colliery/HQs on..... do not avail any medical facility from the Company either in individual capacity or as dependent of Sri (dependent who has been provided employment under N.C.W.A./V.R. Scheme). Smt./Sri Spouse of has also not applied for employment under N.C.W.A.

The statements given are true to the best of my knowledge and belief.

(*Strike out which is not applicable.)

Encl.:- Death Registration Certificate/Termination Letter.

Signature of Ex-employee

**Signature of Spouse of
Ex-employee**

**Signature of dependent
who applied/got
employment under
N.C.W.A./F.V.R. Scheme.**

Certified that the above declaration regarding employment under N.C.W.A./V.R. Scheme is correct.

**Personnel Executive of Area/Unit/Hospital/Workshop/
Chief Manager(P)/Estb., HQs/ HOD**

Format- C



A Maharatna Company

LIFE CERTIFICATE

To whom it may Concern

This is to certify that Shri _____
Son of Shri _____ and Smt. _____
Wife of Shri _____ residing at _____
_____ are/is known to me and alive at the time
of issuing this certificate. The certificate is issued for release of payment under Contributory Post
Retirement Medicare Scheme for Eon-Executives.

The Signature/s of the above mentioned person/s is/are attested hereunder.

Signature of separated non-Executive Shri/Smt. _____

Signature of spouse _____

Signature of Registered Medical Practitioner with Reg. No. OR
Gazetted Officer of Central/State Govt. OR
The Branch Manager of the Bank where the retired
Executive/spouse is holding S.B. A/C OR
Any Officer of the Company from where
the medical facility is obtained
With Seal/Stamp

Date: _____

Registration No. of Medical Card: CPRMSE/ _____

Note: Please note that in case of couple membership, signature of the non-executives and their spouse is mandatory.

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SEPERATED NON-Executives

Name & Code: _____

Registration of Medcial Card: _____

Present address at which the Cheque is to be sent: _____

- | | |
|--|---|
| 1. Name of the Patient: _____ | Note |
| 2. Relationship with the Retired Executive: _____ | 1) Doctor's prescription and cash memos in original should be |
| 3. Place at which patient fell ill: _____ | attached. |
| 4. If treatment taken at place other than place of residence, give reasons : _____ | 2. Receipts of amount claimed should be enclosed. |
| 5. Name of the doctor & hospital: from where treatment taken _____ | 3. Separate claims should be prepared for each patient and each spell of treatment. |
| 6. Qualification of the Doctor: _____ | |

(To be certified by the retired Non Executive)

I do hereby declare that:

- i) The statements made in the claim are true to the best of my knowledge and belief.
- ii) I am a member of Contributory Post Retirement Medicare Scheme and my Medical Card is valid since
- iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
- iv) The Medical expenses were incurred for self/spouse.
- v) I fully understand that the Company may refuse/terminate my membership of the scheme at any time without any notice and without assigning any reasons.
- vi) Myself and my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector undertaking/ Quasi Govt. Body either in individual capacity or as dependent.

Date: _____ **(Signature of the seperated Non-Executive/ living spouse in case of death)**

The claim has been scrutinised and recommended for payment of ₹ (Rupees.....) only.

Chief of Medical Services

(To be filled by the Accounts Department)

Claim passed for payment of Rupees (in words).....

(in figures)

Accountant

Sr. A.O./A.O.

Date:

Contributory Post Retirement Medicare Scheme for Non-Executives:			Format-E		
(DETAILS OF THE AMOUNT CLAIMED)					
		₹	P.		
		₹	P.		
1. Consultation fees Date Amount				5. ACCOMMODATION CHARGES FOR THE PERIOD FROM: TO: ₹..... per day.	
a)					
b)					
c)					
d)					
TOTAL - 1					
2. INJECTION ADMINISTRATION FEES Date Amount				6. SURGICAL OPERATION CONFINEMENT CHARGES	
a)					
b)					
c)					
d)					
TOTAL - 2					
3. MEDICINES PURCHASED FROM MARKET Date Amount				7. COST OF MEDICINES	
a)					
b)					
c)					
d)					
TOTAL - 3					
A. TOTAL (1+2+3)				C. TOTAL (5+6+7)	
4. PATHOLOGICAL/OTHER TESTS Name of the test Amount				TOTAL AMOUNT CLAIMED (A+B+C)	
a)					
b)					
c)					
d)					
B. TOTAL - 4					
Date:					
(Signature of the seperated Non-Executive/ living spouse in case of death)					
DETAILS OF AMOUNT DISALLOWED					
Reason		Amount			
1					
2					
3					
4					
Sr. A.O./A.O.					

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY SEPERATED NON-Executive FOR **out-patient/domiciliary treatment:**

Name & Code: _____

Registration of Medical Card: _____

Present address at which the Cheque is to be sent: _____

- | | |
|--|--|
| 1. Name of the Patient: _____ | Note |
| 2. Relationship with the _____
Retired Executive: | 1) Doctor's prescription
and cash memos in
original should be |
| 3. Place at which patient fell ill: _____ | attached. |
| 4. If treatment taken at place other: _____
than place of residence, give reasons | 2. Receipts of amount
claimed should be
enclosed. |
| 5. Name of the doctor & hospital: _____
from where treatment taken | 3. Separate claims
should be prepared for
each patient and each
spell of treatment. |
| 6. Qualification of the Doctor: _____ | |

(To be certified by the retired Executive)

I do hereby declare that:

- i) The statements made in the claim are true to the best of my knowledge and belief.
- ii) I am a member of Contributory Post Retirement Medicare Scheme and my Medical Card is valid since
- iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
- iv) The Medical expenses were incurred for self/spouse.
- v) I fully understand that the Company may refuse/terminate my membership of the scheme at any time without any notice and without assigning any reasons.
- vi) Myself and my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector undertaking/Quasi Govt. Body either in individual capacity or as dependent.

Date: _____

(Signature of the seperated Non-Executive/
living spouse in case of death)

The claim has been scrutinised and recommended for payment of ₹ (Rupees.....) only.

Chief of Medical Services

(To be filled by the Accounts Department)

Claim passed for payment of Rupees (in words).....

(in figures)

Accountant

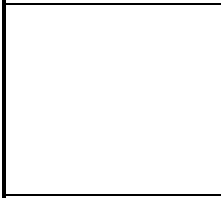
Sr. A.O./A.O.

Date:

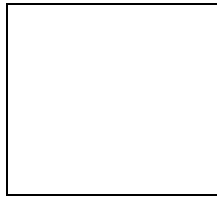
Medical Card

Contributory Post Retirement Medicare Scheme for Non-Executives.

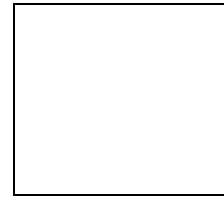
Registration No.



Photograph of the
separated Non-
Executive.



Photograph of the
spouse



Photograph of the
nominee, if any.

Name of the Ex Non-Executive with U.M. No.:

Name of spouse:

Date of termination:

Designation at the time of Retirement/termination:

Scale of pay and basic pay as on the date of retirement/termination:

Company along with Mine/Establishment/Unit from where Retired/terminated:

Company/Establishment where Registered for Medical Benefits under the scheme:

No. and date of Demand Draft remitted with name of the issuing Bank:

Permanent Address:

Present Address with telephone No.:

Name of the nominee with relationship, is any:

Address of the nominee:

Company opted for claiming reimbursement:

Declaration

Certified that myself and my sopose are not availing any medical facilities from or through the Central/State Govt./Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent.

(Signature of
Separated Ex-Non-
Executive)

Date:

(Signature of the
Spouse)

Date:

(Signature of the
nominee)

Date:

For Office Use

Received ₹..... Vide Draft No..... dated.....

Date, Stamp &
Signature of receiving

Validity Period of the Card:

From For lifetime of members subject to revalidation of Card by submission of life-certificate every year in December.

Signature of Issuing
Authority with seal

Date of issue:.....