



**CENTRAL WAREHOUSING CORPORATION**  
(A Govt. of India Undertaking)

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Aug 5  
write  
PA 16/8

"Warehousing Bhawan"  
4/1, Siri Institutional Area  
August Kranti Marg  
Hauz Khas, New Delhi-110016

No. CWC/MS-7/Admn.

Dated: - 31.05.2010

**CIRCULAR**

***Sub: - CWC Post Retirement Medical Coverage Scheme Contributory for Retired Employees and Spouse of Deceased Employees***

With the approval of Board of Directors in its meeting held on 18.05.2010, the reimbursement of OPD treatment has been revised from Rs.12,000/- p.a. to **Rs.15,000/-** p.a. for retired employees and Rs. 6,000/- p.a. to Rs. 7,500/-p.a. for the spouse of deceased employees **w.e.f. 01.04.2010**. The existing amount for indoor treatment i.e. Rs. 1,25,000/- p.a. for retired employees and Rs. 62,500/- p.a. for spouse of deceased employees and also the other terms & conditions mentioned in C.O. circular dated **26.07.2007** will remain unchanged.

**J.V. Bendre**  
**Dy. General Manager (Pers.)**

**Distribution:-**

1. All Divisional Heads in Corporate Office, New Delhi.
2. PA to Chairman/PS to MD/Director(Finance)/Director(Personnel)/PA to Director (MCP), CWC, CO, New Delhi.
3. GM (F&A), CWC, CO, New Delhi.
4. Manager (SG), CWC, Corporate Office, New Delhi.
5. All RMs/SEs/EEs/CWC, ROs/CCs., with the request that the contents of the circular may please be brought to the notice of all concerned.



केन्द्रीय भण्डारण निगम  
(भारत सरकार का उपक्रम)

“वेअरहाउसिंग भवन,  
4/1, सीरी इन्स्टीच्यूशनल एरिया,  
अगस्त कान्ति मार्ग, हौजखास,  
नई दिल्ली-110016

संख्या : केभनि/एमएस-7/प्रशा.

दिनांक 31.5.2010

परिपत्र

**विषय : सेवानिवृत्त कर्मचारियों एवं मृत कर्मचारियों के पति/पत्नी के लिए केभनि अंशदायी सेवा निवृत्ति उपरान्त मेडिकल कवरेज स्कीम ।**

निदेशक मण्डल की दिनांक 18.5.2010 को हुई बैठक में प्रदान किए गए अनुमोदन से सेवानिवृत्त कर्मचारियों के लिए दिनांक 1.4.2010 से ओपीडी उपचार की राशि 12,000/-रु० प्रतिवर्ष से बढ़ाकर 15,000/-रु० तथा मृत कर्मचारियों की पति/पत्नी के लिए 6000/-रु० से बढ़ाकर 7,500/-रु० प्रतिवर्ष कर दी गई है। निगमित कार्यालय के दिनांक 26.7.2007 के परिपत्र में उल्लिखित इनडोर उपचार के लिए सेवानिवृत्त कर्मचारियों हेतु वर्तमान राशि 1,25,000/-रु० प्रतिवर्ष तथा मृत कर्मचारियों की पति/पत्नी के लिए 62,500/-रु० प्रतिवर्ष की राशि में तथा अन्य निबन्धन एवं शर्तों में कोई परिवर्तन नहीं है ।

(जे.वी.बेन्द्रे)

उप महा प्रबन्धक (कार्मिक)

वितरण :

1. सभी विभागाध्यक्ष, केभनि, निगमित कार्यालय, नई दिल्ली ।
2. अध्यक्ष के निजी सहायक/प्रबन्ध निदेशक/निदेशक (वित्त)/निदेशक (कार्मिक) के निजी सचिव/निदेशक (एमसीपी) के निजी सहायक, केभनि, निगमित कार्यालय, नई दिल्ली ।
3. महा प्रबन्धक(वित्त एवं लेखा), केभनि, निगमित कार्यालय, नई दिल्ली ।
4. प्रबन्धक(वेतनवर्ग), केभनि, निगमित कार्यालय, नई दिल्ली ।
5. सभी क्षेत्रीय प्रबन्धक/अधीक्षक अभियन्ता/कार्यकारी अभियन्ता/केभनि, क्षेत्रीय कार्यालय/निर्माण सैल को इस अनुरोध के साथ प्रेषित कि वे इस परिपत्र की विषयवस्तु को सभी संबंधितों के ध्यान में लाएं ।



**CENTRAL WAREHOUSING CORPORATION**  
(A GOVT. OF INDIA UNDERTAKING)



“Warehousing Bhavan)  
4/1, Siri Institutional Area,  
Hauz Khas, New Delhi- 110016

No.CWC/MS-7/Admn.(Part.II)

Dated: 26<sup>th</sup> July, 2007

**CIRCULAR**

**Sub: CWC post retirement medical coverage scheme contributory for  
(Retired Employees and spouse of deceased employee)**

With the approval of Board of Directors in its meeting held on 27.5.92, the Contributory Post Retirement Medical Coverage Scheme was introduced for the benefit of the retired employees. In order to provide additional benefits, the facility for Indoor treatment through med shield policy has been revised by the BOD's in its 266th meeting held on 22.6.07 i.e. **Rs. One Lakh to 1.25 Lakh p.a.** for retired/VRS.optees and **Rs. 50,000/- to 62,500/-** for the spouse of deceased employees w.e.f. **1st, April,2008**. The ceiling of **Rs.12000/-p.a.** for outdoor treatment will remain unchanged. The salient features of the scheme are as under:-

1. The scheme will be known as **CWC post retirement medical coverage scheme Contributory for (Retired Employees and spouse of deceased employee)**
2. The benefits will be available to the retired employees and his / her spouse only. No dependant parent / children or other relatives will be covered under the scheme. The scheme will be purely voluntary.
3. The scheme is applicable to employees who retire on superannuation or seek voluntary retirement after putting in at least 20 years of service or the attaining the age of 50 year at the time of VRS. However, if such employees after completing 20 years of service with CWC opt for voluntary retirement and take up employment with any other organization public or private, they shall not be entitled to draw any benefits under this scheme. The employees who have taken voluntary retirement after completing 20 years of service and below 60 years with CWC will have to submit a certificate in the form (Annexure C) that they have not taken up any employment with any organization public or private. The certificate has to be obtained from Class-I Officer or First Class Magistrate or Notary Public.
4. All eligible employees who wish to avail of the scheme shall notify the place his/her stay after retirement for the purpose of reimbursement of medical claims.
5. The eligible employees shall fill the form as per Annexure-A in duplicate and deposit the contribution with the concerned Regional Office or Corporate Office as the case may be. Regional Manager / Asstt.General Manager(IR/Admn) will send one copy of the Performa together with the contribution to the Finance Division (Insurance Section).

Contd....2

6. The retired employee who intends to join the scheme will pay the yearly contribution fixed by the Corporation which is presently as under and ceiling of the OPD and Indoor treatment shown in the table:

<u>Facility extended to retired employees</u>				<u>Facility extended to spouse of deceased employees</u>			
Group	Limit of outdoor treatment p.a. (Rs.)	Limit of indoor treatment p.a. through med shield policy (Rs.)	Contribution p.a. (Rs.)	Group	Limit of outdoor treatment p.a. (Rs.)	Limit of indoor treatment p.a. through med shield policy (Rs.)	Contribution p.a. (Rs.)
A	12,000	1.25 Lakh	750	A	6,000	62,500	375
B	-do-	-do-	600	B	-do-	-do-	300
C	-do-	-do-	450	C	-do-	-do-	225
D	-do-	-do-	300	D	-do-	-do-	150

The Contribution and Medical Benefits will be for the financial year i.e. from 1<sup>st</sup> April to 31<sup>st</sup> March.

7. The annual contribution will be payable in advance by 15<sup>th</sup> March every year. If any employee retires during the year, he can become a member of the Scheme by paying contribution as stated above within a period of 30 days. However, no refund of the contribution will be allowed if the retired employee desires to opt out of the scheme.
8. The medical expenses for outdoor treatment (OPD expenses) shall be reimbursed by the Corporation directly subject to ceiling of **Rs.12,000/-** per annum. For indoor medical treatment, a Group Med shield Insurance Policy has been obtained by the Finance Division for a sum insured of **Rs. 1.25 Lakh** for each retired employee which covers the retired employee and his / her spouse. This limit of **Rs.1.25 Lakh** can be utilized by the retired employee or his / her spouse or both but in no case the payment by Insurance Company shall exceed Rs.1.25 Lakh. In case of the spouse of the deceased employee the expenses shall be restricted to half as stated in the above table.

There are separate form as per Annexure I, II, and III for spouse of the deceased employees to become member

9. Expenditure incurred by an employee on consultation charges, cost of medicines and diagnostic tests etc. on outdoor treatment will be reimbursed by the Corporation on production of prescription, bills / receipts and cash memos along with the claim form subject to the ceiling of Rs.12,000/-perannum (treatment to be had from AMAs / Govt. Hospitals / Hospitals run by Charitable Trusts and recognized by the Government).

10. With reference to Indoor Medical Treatment expenses, Corporation has taken an insurance policy which covers existing diseases. The expenses shall be paid / reimbursed by the insurance Company through their Third Party Administrator (TPA).
11. Any difficulty / matter pertaining to indoor treatment may be taken up with Shri Deepak Ramchandani, Assistant Manager(Insurance), Corporate office, New Delhi.

  
( J. P. YADAV )

ASSTT. GENERAL MANAGER ( ADMN.)

Encls: As above.

Distribution:

1. all Divisional Heads in Corporate Office, New Delhi.
2. GM(F&A),CWC,CO,New Delhi.
3. All RMs/SEs/EEs/ CWC,ROs/CCs., **with the request that the contents of the circular may please be brought to the notice of all concerned.**
4. All Warehouse Manager, Central Warehouses.
5. All Construction Units.
6. Manager(SG), CWC,Corporate Office, New Delhi.
7. PS to Chairman/MD/Director(Finance)/Director (Personnel)

CENTRAL WAREHOUSING CORPORATION (RETIRED EMPLOYEES )  
MEDICAL BENEFIT SCHEME

APPLICATION FOR REMITTING ANNUAL CONTRIBUTION

Sir,

I wish to avail of the medical reimbursement facility for myself and my spouse. The details of my particulars are given below:

NAME (Self) \_\_\_\_\_ NAME (Spouse) \_\_\_\_\_

DATE OF BIRTH (Self) \_\_\_\_\_ (Spouse) \_\_\_\_\_

DESIGNATION AT THE  
TIME OF RETIREMENT \_\_\_\_\_

RELATIONSHIP WITH RETIRED EMPLOYEE  
(Wife/Husband)

LAST BASIC SALARY DRAWN \_\_\_\_\_

DATE OF APPOINTMENT IN CWC \_\_\_\_\_

DATE OF RETIREMENT \_\_\_\_\_

(SIGNATURE)  
(Name in Block Letters)

Residential Address: \_\_\_\_\_

(for Office Use)

Forwarded to: DM(SG), CWC, Corporate Office, New Delhi.

Assistant

AM(Admn)

**ANNEXURE-C**

**DECLARATION BY THE EX-EMPLOYEE**  
**(Who have opted (VRS) and are below 60 years)**

(To be attested by the Gazetted Officer Class-I or Magistrate Ist Class or  
Notary Public)

This is to certify that I have not taken up any employment  
with any Organization Public or Private after my retirement from  
the Central Warehousing Corporation.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation held \_\_\_\_\_

Attested by  
With seal/signature

**CENTRAL WAREHOUSING CORPORATION (RETIRED EMPLOYEES )  
MEDICAL BENEFIT SCHEME FOR THE SPOUSE OF THE DECEASED  
EMPLOYEES**

**APPLICATION FOR REMITTING ANNUAL CONTRIBUTION**

Sir,

I, wife/husband of late Sh./Smt. \_\_\_\_\_ wish to avail of the medical reimbursement facility for myself. The details of my particulars are given below:

My Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Name & Designation of  
deceased employee (Spouse) : \_\_\_\_\_

Date of Retirement : \_\_\_\_\_

Last place of Posting : \_\_\_\_\_

Date of Death of spouse : \_\_\_\_\_

(SIGNATURE)  
(Name in Block Letters)

Residential Address: \_\_\_\_\_

\_\_\_\_\_



**ANNEXURE-II**

**Declaration by the Spouse of the deceased employee**

This is to certify that I am legal heir of my deceased husband/wife late Sh./Smt. \_\_\_\_\_ I am not employed with any public/private organization and I am not having any other source of income exceeding Rs.1500/- p.m. from all sources. I am also not in receipt of any medical facility/benefit from the employer of my working son/daughter as a dependent.

**Signature/Thumb impression of the spouse of the deceased employee**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**ANNEXURE-III**

**Identification Certificate**

Sh./Smt. \_\_\_\_\_ is a  
resident \_\_\_\_\_ of

\_\_\_\_\_  
Wife/Husband \_\_\_\_\_ of \_\_\_\_\_ Late  
Sh./Smt. \_\_\_\_\_ and his/her  
signatures/thumb impression are attested below.

Signature/Thumb Impression

Signature  
Municipal Councilor/Panchayat Pradhan/  
Sarpanch/any working employee of the  
Corporation not below the rank of Group 'B'