



केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)
CENTRAL WAREHOUSING CORPORATION
(A GOVT OF INDIA UNDERTAKING)



जन जन के लिए भण्डारण - WAREHOUSING FOR EVERY ONE

No. CWC/MS-7/PRMCS/Admn.

Dated: 05.04.2018

CIRCULAR

Sub: Top-Up scheme for Group Medi-Claim Insurance policy for retired employees.

Central Warehousing Corporation has taken Group Medi-Claim Insurance Policy from United India Insurance Co. Ltd. for a sum insured of Rs. 5 Lakh covering retired employees and their spouses for the financial year 2018-19 for which the premium is borne by the Corporation.

Now, United India Insurance Co. Ltd. has offered to give additional coverage (Top up cover) at very nominal premium, which is to be borne by the retired employees/spouse of retired employees. The nominal premium to be borne by the retired employees is given below:

Top up sum insured	Basic premium	GST @ 18%	Total premium payable
Rs. 3 Lakh	Rs. 2600/-	Rs. 468/-	Rs. 3068/-*
Rs. 5 Lakh	Rs. 4000/-	Rs. 720/-	Rs. 4720/-*
Rs. 10 Lakh	Rs. 7500/-	Rs. 1350/-	Rs. 8850/-*

***Premium includes for both-Employees and his/her spouse.**

It is also pertinent to mention that this is a Top Up Policy proposed for retired employees over and above the regular coverage of Rs. 5 Lakh. Entire premium towards additional coverage shall be borne by the retired employees themselves.

[The scheme alongwith its details and application proforma is enclosed for ready reference.]

All the retired employees who are willing to join the Top Up Scheme may submit their application with the premium cheque drawn in favour of "United India Insurance Company Ltd., New Delhi" to respective Regional Offices/ Construction Cells/Corporate Office by 20.04.2018.

(Arvind Chaudhri)
Group General Manger(Pers.)

Encl: As above.

Copy to:

1. All RMs/CCs Heads, CWC, Regional Offices, Construction Cells.
2. MIS Division-with the request to upload the circular on CWC website.
3. DGM(Fin.), CWC, CO, New Delhi.

TOP UP SCHEME FOR GROUP MEDI-CLAIM INSURANCE POLICY FOR RETIRED EMPLOYEES.

1. The cost of premium shall be borne by the retired employees/spouses of retired employees who opt for super top up policy as per the sum insured opted and premium payable there against.
2. The eligibility shall be as under:-
 - (i) Retired employees/spouse of retired employees who have opted for top-Up scheme for period 01.05.2017 to 30.04.2018 and are member of CWC Post Retired Medical Scheme (CWC PRMCS) (i.e. annual contribution paid by them) shall pay their contribution upto 20.04.2018 to opt for Top Up insurance coverage. If this option is not exercised upto 20.04.2018, retired employees/spouse of retired employees will not be able to join the scheme in future.
 - (ii) The retired employees who are member of the CWC Retired Employees Medical Scheme (i.e. annual contribution paid by them) can opt for any sum insured (mentioned in table) within 60 days of their retirement date by paying prorata premium. Employees who will not opt for top-up coverage within two months of their retirement will not be eligible to join the top up coverage policy at any time in future.
3. The retired employees/spouse of retired employees if discontinue or withdraw from the policy, they cannot join the policy in future.
4. The risk cover under the proposed Top-Up Policy will be the same as in the Primary (Main) Health Insurance Policy of CWC for its retired employees currently in vogue.
5. The Policy will not cover OPD and Dental expenses.
6. An employees once chooses a sum insured limit, same cannot be increased at a later date or at any renewal of policy in future.
7. The TPA for the top-up policy will be same as that of the primary (Main) policy. However, in case the primary (main) policy moves out of UIIC, the TPA who was handling the primary policy shall continue for Top-Up Policy.
8. The Top-Up Policy will continue to operate even in the unlikely event of the Primary (main) Policy moving out of UIIC. In such an event, any change in the coverage under the Primary Policy (Main policy) has to be brought to the notice of UIIC by CWC.
9. The policy will be for one year w.e.f.01.05.2018 to 30.04.2019.
10. The top up sum insured would be in addition to the existing sum insured of Rs. 5 Lakh given by CWC to the retired employees at Corporation cost. However, the premium for top up sum insured opted by retired employees would be borne by concerned retired employee and paid in advance to UIIC in the manner mentioned under para-14.
11. The eligible retired employees can avail this scheme by submitting their willingness in Annexure-I alongwith the required premium amount.

12. The scheme shall be optional and self-contributory. The Corporation will not take any liability whatsoever on account of Top Up Scheme.

13. COLLECTION OF PREMIUM

- i) For Top-Up Coverage, the cost of premium shall be borne by the retired employees.
- ii) The premium shall be payable by the retired employees through account payee payable at par cheque drawn in favour of "United India Insurance Co. Ltd., New Delhi" for the amount equivalent to the premium plus GST thereon against the sum insured opted by him.
- iii) The cheque should be handed over to Regional Office/CC/CO Accounts Section alongwith application in Annexure-I (for retired employees) and Annexure-II (for spouses of deceased employees) duly filled and signed upto 20.04.2018 thereafter no application will be accepted.

However employees retired/retiring after 28.02.2018 can opt for top up within two months of their retirement by paying premium and submitting annex-I to accounts section of RO/CC/CO.

- iv) The Accounts Section of RO/CC/CO shall prepare a statement as per Annexure-III (for retired employees) and Annexure-IV (for spouses of deceased employees) and send the same alongwith all cheques and Annex-I received from retired employees in separate cover to Sh. Akshay Garg, Accountant, Finance Division, CWC, Corporate Office, New Delhi so as to reach by him latest by 25.04.2018.
- v) Insurance Cell, Finance Division, Corporate Office will finally prepare a consolidated list of all the retired employees opted for the Top-Up Policy and submit the same to the United India Insurance Co. Ltd., New Delhi.
- vi) The Top-Up Policy will be effective from 01.05.2018. However, in case cheque submitted by the retired employee/spouse of retired employees is bounced back/dishonored by the bank due to whatsoever reason, he/she would remain uncovered. However, he/she will be informed at their address given in annex-I for submission of fresh cheque within 30 days time failing which he/she shall not be eligible to opt for this Top-Up Policy at any time in future.

FOR RETIRED
EMPLOYEES

ANNEXURE-I

**APPLICATION FOR SELF CONTRIBUTORY TOP UP COVER UNDER GROUP
MEDI-CLAIM POLICY**

CPF Code: _____

With reference to CWC Circular No. _____ dated _____, I hereby convey my willingness to join the self-contributory Top Up Cover under Group Medi-claim Policy. I accept all terms and conditions mentioned in the said circular and furnish the required information and cheque towards premium as detailed below:

1. Name of Retired Employee with DOB : Sh./Smt. _____
Spouse Name with DOB : Sh./Smt. _____
2. Designation at the time of retirement with Group/Category : _____
3. Name of RO/CC/CO where application is submitted : _____
4. Relationship with Retired Employee : Wife/Husband
5. Date of Retirement : _____
6. Full Address : _____
7. Contact Details: Mob. No. : _____
E-mail : _____
8. Bank Details: Name of Bank : _____
Account No. : _____
IFSC Code No. : _____
(enclose cancelled cheque leaf)
9. Sum Insured Opted (Rs. 3 Lakh/Rs. 5 Lakh/Rs. 10 Lakh) Rs. _____
10. Premium payment : Cheque No. _____ date _____
For Rs. _____ (including service tax) drawn in
Favour of United India Insurance Company Limited,
New Delhi

DATE:

(Signature of Applicant)

ANNEXURE-II

**APPLICATION FOR SELF CONTRIBUTORY TOP UP COVER UNDER GROUP
MEDI-CLAIM POLICY**

CPF Code: _____

With reference to CWC Circular No. _____ dated _____, I hereby convey my willingness to join the self-contributory Top Up Cover under Group Medi-claim Policy. I accept all terms and conditions mentioned in the said circular and furnish the required information and cheque towards premium as detailed below:

1. Name of Spouse of Deceased Employee with DOB : : Sh./Smt. _____
Name of Deceased Employee With DoB : Sh./Smt. _____
2. Designation at the time of retirement with Group/Category : _____
3. Name of RO/CC/CO where application Is submitted : _____
4. Relationship with Deceased Employee : Wife/Husband
5. Date of Death of Deceased Employee : _____
6. Full Address : _____
7. Contact Details: Mob. No. : _____
E-mail : _____
8. Bank Details: Name of Bank : _____
Account No. : _____
IFSC Code No. : _____
(enclose cancelled cheque leaf)
9. Sum Insured Opted (Rs. 3 Lakh/Rs. 5 Lakh/Rs. 10 Lakh) Rs. _____
10. Premium payment : Cheque No. _____ date _____
For Rs. _____ (including service tax) drawn in
Favour of United India Insurance Company Limited,
New Delhi

DATE:

(Signature of Applicant)

CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)

ANNEXURE-III

FOR RETIRED
EMPLOYEE

RO/CC/CO _____

STATEMENT SHOWING DETAILS OF RETIRED EMPLOYEES OPTED FOR TOP UP COVER

S. No.	Name of Retired Employees with CPF Code, Last Designation and Group	Date of Birth of employee	Name of Spouse	Date of Birth of spouse	Address, Mob. No. & Email ID	Date of Retirement-	Whether member of CWC PRMS (Y/N)	Opted Top Up sum Insured	Premium Amount (Rs.)	GST (Rs.)	Total Amount (Rs.)	Cheque No.	Date	Bank Name

Encl. Total _____ Nos. of cheques, enclosed.

(Name & Signature)
Accounts Incharge
RO/CC _____

CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)

ANNEXURE-IV

SPOUSES OF
DECEASED
EMPLOYEE

RO/CC/CO _____

STATEMENT SHOWING DETAILS OF RETIRED EMPLOYEES OPTED FOR TOP UP COVER

S. No.	Name of Spouse	Date of Birth of spouse	Name of Deceased Employee with CPF Code, Last Designation and Group	Date of Birth of employee	Address, Mob. No. & Email-ID	Date of Retirement	Whether member of CWC PRMS (Y/N)	Opted Top Up Insured	Premium Amount (Rs.)	GST (Rs.)	Total Amount (Rs.)	Cheque No.	Date	Bank Name

Encl. Total _____ Nos. of cheques, enclosed.

(Name & Signature)
Accounts Incharge
RO/CC _____