




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./18-19

Dated : 17.01.2019

CIRCULAR

Sub: Submission of annual contribution under PRMCS by retired employees/spouse of deceased employees - reg.

Ref.: 1) CO circular No. CWC/FD-Ins/421-Renewal/2019-20 dated 26.11.2018.
2) CO Circular No. CWC/MS-7/PRMCS/Admn dated 18.12.2018
3) Corrigendum No. CWC/MS-7/PRMCS/Admn. dated 19.12.2018

Sir/Madam,

Please find enclosed herewith this office Circular's mentioned above on the subject matter for availing the medical benefit under PRMCS for the Financial Year 2019-2020. The retired employees and the spouses of deceased employees of CWC who intend to avail the benefit under PRMCS shall submit the application in the prescribed format (enclosed) alongwith the annual contribution to CWC, Corporate Office, New Delhi "in person" alongwith their spouse with photographs of self and spouse of deceased employees with photograph of self. If it is not possible for the employee & spouse/spouse of deceased employee to appear in person and submit the application, they are permitted to submit the living certificate in the prescribed format enclosed alongwith cheque, with the application duly signed by Gazetted Officer (list of officers given in the circular No. CWC/MS-7/PRMCS/Admn. dated 18.12.2018 copy enclosed)/bankers certificate by the bank where the medical reimbursement shall be remitted.

The rate of annual contribution and the corresponding treatment benefit limit of indoor/outdoor for retired employees as well as spouse of deceased employees (same for both) are as below :-

Category of Employees	Outdoor treatment limit per annum	Indoor treatment limit per annum	Annual contribution by Retired Employees/Spouses of deceased employees
Group A	Rs. 15,000/-	Rs. 5,00,000/-	Rs. 1500/-
Group B	Rs. 15,000/-	Rs. 5,00,000/	Rs. 1200/-
Group C	Rs. 15,000/-	Rs. 5,00,000/	Rs. 900/-
Group D	Rs. 15,000/-	Rs. 5,00,000/	Rs.600/-

Note:-

1. Application should have the CPF Code No. of the employee. No application without CPF code No. can be entertained for whatsoever reason”
2. The application form and living certificate in the prescribed format alongwith cheque should be sent preferably by registered post. In case the application has not been received or alongwith the Living Certificate in prescribed format within the stipulated time frame the Corporation shall not be responsible for any such non-receipt/delay in this regard.
3. The Cheque should be in favour of “CWC Employees” Post Retirement Medical Benefit Trust.

It is to inform that the annual contribution for the Finance Year 2019-2020 alongwith the application for availing of CWC Post Retirement Medical Coverage Scheme for retired employees and spouse of deceased employees may be deposited on or before 20.02.2019 and no application will be entertained after this cut of date.


17-01-19

(Arvind Chaudhri)
Group General Manager(Personnel)

Copy to:

1. All HoDs, CWC, CO, New Delhi.
2. PPS to MD/PS to Dir.(M&CP)/SAM to Dir.(Fin.)/PA to CVO, CWC, New Delhi.
3. All, RM, CWC, ROs.
4. MIS Division, CWC, CO, New Delhi – with the request to upload the circular on CWC website.

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

(To be attested by the Gazetted Officer Class-I or Magistrate 1st Class or Notary Public)

This is to certify that I have not taken 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 MEDICAL BENEFITS SCHEME FOR
THE SPOUSE OF THE DECEASED EMPLOYEES
APPLICATION FOR REMITTING ANNUAL CONTRIBUTION FOR 2019-2020**

Employee recent
passport size
photographs

Spouse recent
passport size
photographs

Sir,

I, wife/husband of late Sh./Smt. _____ wish to avail of the medial reimbursement facility for myself. I remit Rs. _____ (Rupees _____) as annual contribution.

The details of my particulars are given below:-

1. SPOUSE NAME SH./ SMT. _____
2. DATE OF BIRTH SPOUSE _____
3. FULL ADDRESS _____

4. CONTACT DETAILS _____
MOBILE NO. _____
EMAIL ID: _____
5. NAME & DESIGNATION OF DECEASED EMPLOYEE _____
6. CPF CODE NO. OF DECEASED EMPLOYEE* _____
7. DATE OF RETIREMENT _____
8. LAST PLACE OF POSTING _____
9. DATE OF DEATH OF SPOUSE _____
10. **BANK DETAILS:**

मेडिकल बिलों के तुरंत भुगतान हेतु डिटेल अवश्य भरें ।

NAME OF BANK _____
ACCOUNT NO _____

IFSC CODE _____
(ENCLOSE CANCELLED CHEQUE LEAF)

***CPF CODE NO. IS MANDATORY**

ENCL: Declaration

NOTE: enclose photographs of Self (Spouse)

(SIGNATURE)
(NAME IN BLOCK LETTERS)

(FOR OFFICE USE) .

IN ADMN. SECTION

Please accept annual contribution of Rs. _____ for the year 2019-2020

SAM(Admn.)

AM/Accountant(Cash)(3 copies)

IN ACCOUNTS SECTION

CR No. _____ Dated _____ Amount _____

AM(A/Cs)

ANNEXURE-III

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. 9000/- 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 _____

Contract no. _____
Date _____

ANNEXURE-IV

IDENTIFICATION CERTIFICATE

(To be attested by the Gazetted Officer Class-I or Magistrate 1st Class or Notary Public)

Sh./Smt. _____ is a resident of _____
_____ Wife/husband of Late
Sh./Smt. _____ and his/her signatures thumb impression are
attested below.

Signature/Thumb impression

Attested by
With Seal/signature

LIVING CERTIFICATE TO BE SUBMITTED BY THE RETIRED EMPLOYEES

Photograph of
retired
employee

Photograph of
retired
employee
spouse

It is certified that I have seen the employee Sh./Smt.
_____ and his/her dependant spouse Sh./Smt.
_____ and both are alive or Sh./Smt.
_____ is alive on this date.

Signature of the retired employee

CPF code of the retired employee

Spouse's Signature _____

Aadhar No. of the retired
employee & Spouse

Name of authorized officer

Place _____

Designation of the officer

Date _____

Seal _____

ACKNOWLEDGEMENT(For Office use only)

It is confirmed that Sh./Smt. _____ has submitted
his/her living certificate for the financial year 20_____

Date _____

Signature of the Authorised officer
(Warehouse/Regional Office/Corporate Office)

Place _____




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No. CWC/FD-Ins./421-Renewal/2019-20

Sub : Medical Insurance for Retired Employees

It has been observed that during the last year, intimation to the retired employees requesting them to submit their applications alongwith necessary contribution towards Post Retirement Medical Benefit Facility was issued very late, i.e. during March, 2018, which resulted in delayed implementation of the scheme and ultimately we have received lot of complaints from retired employees.

In order to avoid such situation, Personnel Division is hereby advised to immediately issue necessary circulars to the retired employees, directing them to submit necessary application form in the appropriate format alongwith their contribution well in time. This process needs to be completed by all means by 15.02.2019 and no application should be entertained after this cut-off date so that the medical insurance scheme can be rolled out smoothly effective from 01.04.2019 for the year 2019-20.

It is further observed that the medical claim ratio is increasing year after year. Accordingly, in order to have effective control over the scheme/its utilization, etc., it is advised that all applications alongwith necessary contribution should be submitted "in person" by the employees alongwith their spouse to the RO near to their home town together with photographs of self and spouse, as the case may be. The retired employees, who prefer to submit their applications at CO, shall submit to Personnel Division, CO, New Delhi.

All applications should have the CPF Code No. of the employee. If the concerned employee is not aware of his CPF Code, the concerned RO/CO will have to ensure that the CPF Code No. of the concerned employee is traced from records and recorded on the face of the application. No application without CPF Code No. can be entertained for whatsoever reason.

All such applications received are to be scrutinized and should have the counter signature of the RM admitting the application for further processing.

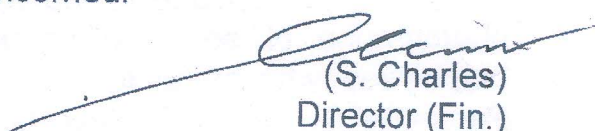
A consolidated statement in the appropriate format needs to be prepared by each RO and to be signed by two officers; one of whom must be the RM and the statement so prepared will have to be forwarded to Personnel Division, CO, New Delhi alongwith copy of the applications for further processing by 25.02.2019.

Personnel Division, CO, New Delhi shall submit the consolidated statement so received from ROs after completing necessary checking/matching of CPF Code with employee details and other formalities to the Insurance Cell of Finance Division, CO, New Delhi by 05.03.2019. Insurance Cell shall submit the same to the insurance company after completing necessary formalities so as to ensure that the Insurance Card are issued by the insurance company to the retired employees before 31.03.2019.

Insurance Company may be advised to issue Photo I/Card to the retired employees to enable them to avail post retirement medical facilities.

Insurance Cell at CO may initiate process of inviting tender for insurance cover for various CWC assets and PRMS from now on so that the insurance tender for the year 2019-20 is finalized before 28.02.2019.

Issued for strict compliance by all concerned.


(S. Charles)
Director (Fin.)
26.11.2018

GGM (Personnel)
GGM (F&A)
All RMs