

RETIREMENT BOOKLET

CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)
CORPORATE OFFICE: NEW DELHI



जन जन के लिए भण्डारण - WAREHOUSING FOR EVERY ONE

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CENTRAL WAREHOUSING CORPORATION
APPLICATION FOR PAYMENT OF
GRATUITY BY AN EMPLOYEE
UNDER RULES, 1972 PAYMENT OF GRATUITY (GENERAL)

BEST MANAGEMENT PRACTICES
DOCUMENT
NO.BMP/F/PER/ESTT/11

PERSONAL FILE NO. _____

The Personnel Manager/RM,
Central Warehousing Corporation,
CO/RO, _____

Sir,

I hereby apply for payment of gratuity amount to which I am entitled to receive under payment of Gratuity (General) Rules, 1972. Necessary particulars are given below:-

(A) APPLICATION BY AN EMPLOYEE:

1. Name in full:
2. Address in full:
3. Place where last employed:
4. Post last held:
5. Date of appointment in CWC:
6. Date & cause of termination of services:
7. Total period of service:
8. Amount of wages last drawn:
9. Amount of gratuity claimed:

(B) I declare that the particulars mentioned in the above statement are true and correct to the best of my knowledge and belief.

(C) Payment may please be made by crossed bank cheque.

Yours faithfully,

(Signature of an employee)

Place:

Date:

APPLICATION FOR CPF FINAL PAYMENT
(Under Regulation 15 of the CWC, EPF Regulations, 1962)

1.	Name & Designation of the applicant	
2.	CPF Code No.	
3.	Father/Husband Name	
4.	Place of current posting (RO/CC)	
5.	Basic Pay	
6.	Date of Birth	
7.	Date of Joining CWC	
8.	Amount Outstanding as per last CPF slip	Employer Share: Employee Share:
9.	Whether Superannuation/Resignation/Death/Dismissal etc.	
10.	Date of Superannuation/Resignation/Death/Dismissal etc.	
11.	In case of death, Details of nominees/family members:	
12.	Bank Details: (a) Name of Bank: (b) Name of Branch (c) Account No. (d) IFSC Code (please attach a copy of cancelled cheque)	
13.	Complete address for communication	
14.	Mobile No.	

Certified that the particulars furnished above are correct to the best of my knowledge.

Signature of applicant

Name:

Date:

RECOMMENDATION OF THE ADMINISTRATIVE AUTHORITY

The particulars mentioned above have been checked/verified from the records/documents furnished.

Signature of Administrative Authority with seal _____

Instructions:

1. The administrative authority shall be authorized officer of Personnel Division of RO/CC. The application shall be recommended and forwarded through respective administrative authority of the CO/RO/CC/

The Secretary,
CWC's DCSB (Pension) Trust,
Central Warehousing Corporation
Corporate Office
Hauz Khas,
New Delhi

Sir,

I _____ s/o/w/o _____ superannuating
on _____ form _____ (last place of posting and
region).

I am a member of the CWC Pension Trust.

It is requested that a _____ **share (if not opted, mention NIL) of my pension**
amount as per the provision of scheme may please be commuted and remitted in
my Account number _____ of _____
(Bank Name) IFS Code: _____, Address of the Bank
_____.

Thanking You

Yours Sincerely,

Signature

Encl: Cancelled Cheque

Name of Employee :
Designation :
Region :
CPF Code :
Address :

Date :-

Place:-

Note:

- 1) Maximum 1/3rd of the total value of corpus, can be commuted.
- 2) Enclose a cancelled cheque for RTGS purpose.
- 3) Enclosed duly filled in Annuity Purchase Form.



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

(Application for Purchase of Immediate Annuity)

The Manager (P&GS)
LIC of India
Delhi Divisional Office-1
Jeevan Prakash, 6th & 7th Floor
25, K. G. Marg New Delhi-110001

Dear Sir,

Re: Release of Annuity Payment in favor of member of CWC - Employees'
Superannuation Benefit Fund Mr. /Mrs.

We do hereby propose for Annuities on the life of the below mentioned member / Beneficiaries in accordance with the Rules of the fund and confirm the accuracy of the particulars given below and agree that the said particulars shall form the basis of the annuities to be effected by the Corporation.

1. Name of the member on whose life annuity is to be effected: _____

2. Address :

Telephone No. _____ Mobile No. _____

Email Id _____

3. Date of Birth:

4. Date of Commencement of Proposed Annuity:

5. Mode of exit (Pl. Specify):

6. PAN No. (Attach Photocopy):

7. Particulars of Spouse (For Joint Life Options only)

Name	Date of Birth	Address/Contact details.

8. Particulars of the Nominee:

Sl. No.	Name	Date of Birth	Relationship	% Share	Address for Communication
1.					
2.					

9. Option to choose pension

(i) Annuity for life

(ii) Annuity for life with return of Capital (ROC)

(iii) Annuity for 5 years certain & Life thereafter

(iv) Annuity for 10 years certain & Life thereafter

(v) Annuity for 15 years certain & life thereafter

(vi) Annuity for 20 years certain & life thereafter

(vii) Annuity for life increasing at a simple rate of 3% p.a

- (viii) Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant
- (ix) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant
- (x) Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant

10. Mode of payment of pension (specify): MLY / QLY / HLY / YLY.

11. Do you want to transfer your annuity servicing to your nearest LIC Divisional. Office specify area _____

12. Remittance/Payment particulars of Purchase Price:

- A) Purchase Price:Rs. _____
- B) Cheque/DD/RTGS Particulars: _____
- C) Date of Deposit with LIC: _____

Yours faithfully,

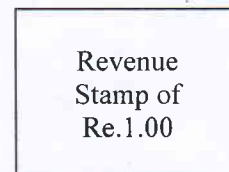
(Signature of the member)

(Signature of Trustee)

Discharge of payment/annuity on the life of Mr./Ms.

On the life of Shri/Ms. _____ I, _____ do hereby acknowledge receipt from the Life Insurance Corporation of India, of the sum of Rs. _____ (Rupees _____ only) in settlement and discharge of all my/our claims and demands in respect of Montly / Quarterly / Half yearly / Yearly installment(s) of annuity Rs. _____ due from* _____ to _____ in respect of the above Assurance.

Dated at _____ this _____ day of _____ 20____.



Name of Shri/Ms. _____ Signature of member _____
/ Beneficiary

Attested by Trustees:

Dated: _____
Place : _____

Signature of the proposer (Trustees) for self & on behalf of the
Co-Trustees of CWC - Employees' Superannuation Benefit Fund



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.

(Arvind Chaudhri)
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.

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 Shri/Smt. _____ and his/her dependent spouse Shri/Smt. _____ and both are alive or Shri/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 Shri/Smt. _____ has submitted his/her living certificate for the financial year 20_____.

Date

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

Place

**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



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जम जन के लिए भण्डारण - WAREHOUSING FOR EVERY ONE

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

Dated: 15.04.2019

CIRCULAR /1990

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

In partial modification of this office circular of even no. dt.10.04.2019, it has now been decided that the Top-up policy would be effective from 01.05.2019 to 30.04.2020.

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 period 05.04.2019 to 04.04.2020 for which the premium is borne by the Corporation.

Rates for additional coverage (Top up cover) were also called in the same tender, which is to be borne by the retired employees/spouse of retired employees. The 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. 3000/-	Rs. 540/-	Rs. 3540/-*
Rs. 5 Lakh	Rs. 4500/-	Rs. 810/-	Rs. 5310/-*
Rs. 10 Lakh	Rs. 8350/-	Rs. 1503/-	Rs. 9853/-*

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

The premium of Top-up scheme is expiring on 30.04.2019. 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 for the period 01.05.2019 to 30.04.2020. 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/Corporate Office by 25.04.2019.

(Arvind Chaudhri)
15-04-19

(Arvind Chaudhri)
Group General Manger(Pers.)

Encl: As above.

Copy to:

1. All RMs, CWC, Regional Offices,.
2. MIS Division-with the request to upload the circular on CWC website.
3. GGM(F&A), 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 01.05.2018 to 30.04.2019 and are member of CWC Post Retired Medical Scheme (CWC PRMBS) (i.e. annual contribution paid by them) shall pay their contribution upto 25.04.2019 to opt for Top Up insurance coverage. If this option is not exercised upto 25.04.2019, 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..
8. The policy will be for one year w.e.f.01.05.2019 to 30.04.2020.
9. 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-12.
10. The eligible retired employees can avail this scheme by submitting their willingness in Annexure-I alongwith the required premium amount.
11. The scheme shall be optional and self-contributory. The Corporation will not take any liability whatsoever on account of Top Up Scheme.

12. 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 Accounts Section, Regional Office /SAM (EWC), Personnel Division alongwith application in Annexure-I (for retired employees) and Annexure-II (for spouses of deceased employees) duly filled and signed upto 25.04.2019 thereafter no application will be accepted.

However employees retired/retiring after 28.02.2019 can opt for top up within two months of their retirement by paying premium and submitting annex-I to accounts section of RO/SAM (EWC), Personnel Division, CO.
- iv) The Accounts Section of RO/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 SAM (Employee Welfare Cell), Personnel Division, CWC, Corporate Office, New Delhi so as to reach by him latest by 30.04.2019.
- v) Employee Welfare Cell, Personnel 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 01.05.2019. 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.

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/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 GST) drawn in Favour of
 United India Insurance Company Limited, New Delhi.

Date:

(Signature of Applicant)

BANK DETAILS OF RETIRING EMPLOYEE

1	Name & Designation	
2	Date of retirement	
3	Name of the Bank	
4	Saving Bank A/c No. of employee (Please attach a copy of cancelled cheque)	
5	IFSC Code of the Bank	
6	Address of the Branch where account of the individual as maintained.	

Name of Employee :
Signature of Employee :
Date :

Application Form for CWC Retired Employees Identity Card

Paste a Passport Size Photograph of Self	Paste a Passport Size Photograph of Spouse
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The GGM (P)
CWC, Corporate Office
New Delhi.

! Regional Manager
! CWC, Regional Office
! _____

This is to request you to please issue me a Retired Employees Identity Card as (tick whichever is applicable)

- I had not been issued Retired Employees Identity Card at the time of retirement.
- I have lost/misplaced my Identity Card (attach copy of ITR)
- There is a change in the particulars mentioned in the present Identity Card.

1.	Name of Employee	:	Shri/Smt./Ms. _____
2.	Father/Husband's Name	:	Shri _____
3.	Date of Birth	:	_____
4.	Date of Initial Appointment	:	_____
5.	Date of Retirement	:	_____
6.	Designation at the time of retirement	:	_____
7.	Address of Office of retirement	:	_____
8.	CPF/Employee Code	:	_____
9.	Aadhaar No. (attach Aadhaar Card copy)	:	_____
10.	Mobile No.	:	_____
11.	Blood Group	:	_____
12.	Identification Mark	:	_____
13.	Residential Address (attach copy of Voter I.Card/Aadhaar Card/ Driving Licence/Passport as proof of residential address)	:	_____ _____ _____

Details of Spouse

1.	Name of Spouse	:	Shri/Smt. _____
2.	Date of Birth	:	_____
3.	Aadhaar No. (attach Aadhaar Card copy)	:	_____
4.	Mobile No.	:	_____
5.	Blood Group	:	_____
6.	Identification Mark	:	_____

Yours faithfully,

(Signature)

(Signature with date)

Note:

1. Two latest Passport size photographs of Self and Spouse are to be attached with the form.
2. The form may be submitted to GGM(P), CO (in case of employees retired from C.O.) and RM concerned (in case of employees retired from the field).
3. The signature in the box should be done in dark ink (black/blue).