

CENTRAL WAREHOUSING CORPORATION
(A Government of India Undertaking)
4/1, Siri Institutional Area, HauzKhas, New Delhi - 110016

Ph: 011-26515178, Telefax 26967256

E.mail: perdiv.cwhc@nic.in

No. CWC/PRMCS/Admn.

Dated : 6th April, 2016

CIRCULAR

Sub : Revision in CWC Post Retirement Medical Coverage Scheme for retired employees.

With the approval of the Board of Directors in its 320th Meeting held on 29th March, 2016, the following revision in the CWC Post Retirement Medical Scheme have been made:-

1. The limit for indoor treatment expenses for the retired employees and their spouses and spouse of deceased employee has been enhanced to Rs.5.00 lakh Per Annum through medishield policy w.e.f. 1.4.2016.
2. The limit of outdoor treatment for retired employees as well as for the spouse of deceased employees has been kept Rs.15,000/- Per Annum
3. The annual contribution for joining the scheme has also been revised.

After revision, the position of limit of outdoor/indoor treatment for retired employees as well as spouse of deceased employees and annual contribution w.e.f. 01.04.2016 will be as under:-

(Amount in Rupees)

| Group | Outdoor Treatment Limit per annum | Indoor treatment limit per annum | Contribution per annum |
|-------|-----------------------------------|----------------------------------|------------------------|
| A | 15000 | 5,00,000 | 1500 |
| B | 15000 | 5,00,000 | 1200 |
| C | 15000 | 5,00,000 | 900 |
| D | 15000 | 5,00,000 | 600 |


06/4/16

All RMs are requested to bring the above changes to the notice of all the retired employees under their region. They would also issue notice to the members of scheme for 2016-17 for depositing the differential amount of the annual contribution with CWC. In case the differential amount is not deposited by any retired employee or spouse of deceased employee, the same may be deducted from their admitted medical bills/other dues.

The other terms and conditions of PRMS shall remain unchanged.

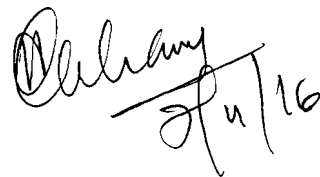


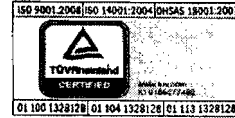
(A.K.Sharma)

General Manager (Pers.)

Distribution:-

1. All Divisional Heads, CWC, Corporate Office, New Delhi.
2. Sr. PA to Chairman/PPS to MD/Manager to Dir.(Pers.)/AM to Dir (Fin)/PPS to Dir(MCP)/ PS to CWC, CO, New Delhi.
3. DGM(F&A) CWC,CO, New Delhi for similar action please.
4. All RMs/SEs/EEs,CWC, ROs/CCs.
5. MIS Division with the request to upload the circular on CWC's Website.





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Ph: 011-26515178, Telefax 26967256, E.mail: warehouse@nic.in

No.CWC/MS-7/PRMCS/Admn/221B

Dated: 07.04.2016

CIRCULAR

Sub:- Revision of limit for indoor/outdoor treatment expenses and amount of annual contribution of CWC PRMCS w.e.f. 01.04.2016 – reg.

It is to inform that the limit for indoor treatment expenses for retired employees and spouse of deceased employees has been enhanced to Rs.5.00 Lakh per annum through medishield policy. The limit of outdoor treatment expenses has been kept at Rs.15000/- per annum for retired employees as well as spouse of deceased employees w.e.f. 01.04.2016. The annual contribution for joining the scheme has also been increased w.e.f. 01.04.2016 as under:-

For retd. employees as well as spouse of deceased employees

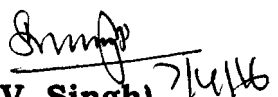
(Amount in Rupees)

| Group | Outdoor Treatment Limit per annum | Indoor Treatment limit per annum | Contribution per annum |
|-------|-----------------------------------|----------------------------------|------------------------|
| A | 15000 | 5,00,000 | 1500 |
| B | 15000 | 5,00,000 | 1200 |
| C | 15000 | 5,00,000 | 900 |
| D | 15000 | 5,00,000 | 600 |

All retired employees and spouse of deceased employees who are availing contributory CWC PRMCS from Corporate Office and who have already deposited their annual contribution for the year 2016-17 are requested to deposit differential amount of their annual contribution for the year 2016-17 in cash/cheque in person or through post. The required contribution and details/particulars filled in prescribed application should reach CO, Personnel Division on or before 30.04.2016 positively. A copy of format is enclosed.

Note 1. Cheque should be in the favour of Central Warehousing Corporation, New Delhi.

Encl: As above


(D.V. Singh)

Sr. Asstt. Manager (Admn)

To,

1. All individual concerned.
2. MIS Division with the request to upload the circular on CWC website.

CENTRAL WAREHOUSING CORPORATION
MEDICAL BENEFITS SCHEME FOR RETIRED EMPLOYEES

APPLICATION FOR REMITTING ANNUAL CONTRIBUTION FOR 20__ -__

Sir,

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

1. NAME (SELF) Sh/Smt. _____ SPOUSE NAME Sh/Smt _____

2. DATE OF BIRTH (SELF) _____ SPOUSE _____

3. FULL ADDRESS _____

4. CONTACT DETAILS Tel/Mob No. _____
E-mail _____

5. BANK DETAIL: Name of Bank _____
Account No. _____

मेडिकल बिलों के तुरन्त

भुगतान हेतु बैंक डिटेल अवश्य भरें । IFSC Code No. _____
(enclose canceled cheque leaf)

6. DESIGNATION AT THE TIME OF RETIREMENT _____

7. RELATIONSHIP WITH RETIRED EMPLOYEE _____
(Wife/Husband)

8. LAST BASIC SALARY DRAWN Rs. _____

9. DATE OF APPOINTMENT IN CWC _____

10. DATE OF RETIREMENT _____

Encl: Declaration

(SIGNATURE)
(Name in Block letters)

(FOR OFFICE USE)

IN ADMN. SECTION

Please accept annual contribution of Rs. _____ for the year 20__ -__

AM/Accountant (Cash) (3 copies)

SAM (Admn.)

IN ACCOUNTS SECTION

CR No. _____ Dated _____ Amount _____

AM (A/cs)

**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 1st 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

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.3500/- 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 _____

Contact No. _____

Date _____

ANNEXURE-IV

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