



CWC CO-PDOESTT/1707/2020-PERS

Dated: 16.05.2021

CIRCULAR

Sub: Booklet for Nominee/Legal Heir of Deceased Employee's..... reg.

1. A booklet consisting of **formats of all documents/forms**, to be submitted by **nominee(s)/ legal heir(s) of deceased employee** has been prepared, in an endeavor to facilitate nominee(s)/legal heir(s) for claiming final dues.
2. Concerned authorities at CO/RO are requested to **fill up requisite details** available with them in respective forms/documents, **prior to sharing** with the nominee(s)/heir(s). This will not only significantly **reduce the compliance burden** on the bereaved family but will also **expedite the process of releasing final dues** to the needy family.
3. It is also requested that Nodal Officer appointed at CO/RO level be advised to **render all feasible assistance to the family as and when required**.
4. **Editable copy of the booklet is attached** herewith and forwarded through email to all RMs, for reference and necessary action.
5. Cooperation of all concerned is highly solicited to ensure that necessary support can be rendered to the family of deceased employee in the hour of need.

(Anil Manik Rao)
GGM(Personnel)

Distribution:


1. All HoDs, CWC, CO, New Delhi
2. All RMs, CWC, Regional Office

Copy to:

1. PS to MD/PS to Director (Pers)/PS to Dir (M&CP)/PA to CVO, CWC, New Delhi
2. SAM (MIS), CO, with request to upload on CWC website, e-Office & HRMS portal Homepage.

Booklet for Nominee/Legal
Heir of Deceased Employee's




केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)
CENTRAL WAREHOUSING CORPORATION
(A Govt. of India Undertaking)
जन-जन के लिए भण्डारण/Warehousing for Everyone



सं.केअनि/

दिनांक:

श्री / श्रीमती।

.....
.....
.....

महोदय/ महोदया,

श्री / श्रीमती , पूर्व..... के दिनांक..... को हुए असामयिक निधन पर प्रबंध निदेशक और निगम परिवार गहरी संवेदना व्यक्त करते हैं। निगम के विकास में उनके अमूल्य योगदान को हमेशा याद किया जाएगा।

अत्यंत दुख की इस घड़ी में निगम परिवार आपकी उस पीड़ा को समझता है जिससे आपका परिवार गुजर रहा है। केन्द्रीय भंडारण निगम शोक संतप्त परिवार की सहायता के लिए प्रतिबद्ध है और इसके लिए यह सूचित किया जाता है कि श्री/श्रीमती _____ के निम्नलिखित अंतिम बकायों का दावा उनके द्वारा नामित व्यक्तियों द्वारा किया जाना है: -

- (क) ग्रेच्युटी
- (ख) अनुकंपा नियुक्ति के बदले एकमुश्त अनुग्रह राशि
- (ग) टर्मिनल अवकाश लाभ (छुट्टी वेतन के समान नकद)
- (घ) अंशदायी भविष्य निधि (सीपीएफ)
- (ङ) पेंशन फंड / वार्षिकी
- (च) कर्मचारी हितकारी ट्रस्ट आदि से योगदान।

बकायों का समय पर निपटान सुनिश्चित करने के लिए प्राधिकृत नामिती (नाॅमिनी) से अनुरोध है कि निम्नलिखित दस्तावेजों /फार्मों को विधिवत रूप से भरकर यथाशीघ्र प्रस्तुत करें। इन फॉर्म/दस्तावेजों के फॉर्मेट परिशिष्ट के रूप में दिए गए हैं :-

- (क) सक्षम प्राधिकारी द्वारा जारी मृत्यु प्रमाण पत्र (मूल प्रति)।
- (ख) ग्रेच्युटी और अंशदायी भविष्य निधि (सीपीएफ) के लिए दावा फॉर्म।
- (ग) अनुकंपा नियुक्ति के बदले एकमुश्त अनुग्रह राशि के लिए दावा फॉर्म।
- (घ) पेंशन के लिए वार्षिकी (एन्यूटी) खरीद फॉर्म ऑनलाइन जमा करना।
- (ङ) नामिती (नाॅमिनी) का बैंक विवरण - रद्द किया गया चेक , पासबुक की प्रति।
- (च) पहचान प्रमाण पत्र (आईडी प्रूफ) - आधार कार्ड / पासपोर्ट/ड्राइविंग लाइसेंस आदि।
- (छ) सीडब्ल्यूसी सेवानिवृत्त/मृत कर्मचारी कार्ड के लिए आवेदन।



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(ज) वित्तीय वर्ष 2021-22 के लिए सेवानिवृत्त कर्मचारियों / मृत कर्मचारियों के पति या पत्नी द्वारा सेवानिवृत्ति के बाद की चिकित्सा योजना (पीआरएमएस) के तहत ग्रुप मेडी - क्लेम बीमा पॉलिसी के लिए वार्षिक योगदान और टॉप-अप योजना।

ऊपर दिए गए दस्तावेजों को पूरा करने तथा जमा करने के लिए यदि किसी भी सहायता की आवश्यकता हो तो कृपया इन अधिकारियों से निःसंकोच संपर्क करें :

क्षेत्रीय कार्यालय स्तर पर नोडल अधिकारी :

नाम और पदनाम:

संपर्क नंबर:

ई-मेल आईडी:

निगमित कार्यालय स्तर पर नोडल अधिकारी :

नाम और पदनाम:

संपर्क नंबर:

ई-मेल आईडी:

भवदीय

(.....)

क्षेत्रीय प्रबंधक /

स्थापना अनुभाग प्रमुख, कार्मिक विभाग

निगमित कार्यालय : 4/1, सीरी इंस्टीट्यूशनल एरिया, अगस्त क्रांति मार्ग, हौज खास, नई दिल्ली-110016

दूरभाष. 26566107 वेबसाइट:- www.cewacor.nic.in



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No.CWC/.....

Dated:

Sh./Smt.....

.....
.....
.....

Sir/Madam,

The Managing Director and CWC family extends deepest condolences on untimely demise of Sh/Smt....., Ex. on His/her invaluable contribution towards growth of the Corporation will be always cherished.

In this hour of profound grief CWC family understands the agony through which your family must be going through. CWC is committed to support the bereaved family and towards that it is informed that following final dues of Sh/Smt _____ are to be claimed by the nominees appointed by him/her:-

- (a) Gratuity
- (b) Lump sum Ex-Gratia in Lieu of Compassionate Appointment
- (c) Terminal Leave Benefits (Cash equivalent to Leave Salary)
- (d) Contributory Provident Fund (CPF)
- (e) Pension Fund/ Annuity
- (f) Contribution from Employee Benevolent Trust etc.

Following documents/forms duly filled by the authorized nominee are requested to be submitted at the earliest to ensure timely settlement of dues. Formats for these forms/documents are placed as Appendix:-

- a) Death Certificate issued by Competent Authority (in Original).
- b) Claim Form for Gratuity and Contributory Provident Fund.
- c) Claim Form for of Lump-Sum Ex-gratia in lieu of Compassionate Appointment.
- d) Online submission of Annuity Purchase form for Pension.
- e) Bank Details of the Nominee - Cancelled Cheque, copy of Passbook.
- f) ID Proof (Aadhar Card/Passport/Driving License etc).
- g) Application for CWC Retired/Deceased Employee Card.
- h) Annual Contribution and Top-up Scheme for Group Medi-claim Insurance policy under Post-Retirement Medical Scheme (PRMS) by retired employees / spouse of deceased employees for FY. 2021-22.



केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)

CENTRAL WAREHOUSING CORPORATION

(A Govt. of India Undertaking)

जन-जन के लिए भण्डारण/Warehousing for Everyone



Kindly feel free to contact these officials in case any assistance is required for completion and submission of above listed documents:-

Nodal Officer at RO Level:

Name & Designation:

Contact No.:

E-mail ID:

Nodal Officer at CO Level:

Name & Designation:

Contact No.:

E-mail ID:

Yours faithfully,

(.....)

**Regional Manager/
Section Head Estt Pers Div**

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**The Personnel Division
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 Act, 1972. Necessary particular are given below:

(A) APPLICATION BY AN EMPLOYEES'S NOMINEE/LEGAL HEIR:

1	Name of Employee's Nominee/ Legal Heir	
2	Address in full Employee's Nominee/ Legal Heir	
3	Marital status of the Employee's Nominee/ Legal Heir (Unmarried/Married/Widow/widower	
4	Name in full of the Employee	
5	Marital status of Employee	
6	Relationship of the Nominee/Legal heir with the employee	
7	Total Period of service of the Employee	
8	Date of Appointment of the Employee	
9	Place where the Employee last worked	
10	Post last held by the Employee	
11	Date of Death & evidence as proof of death of Employee	
12	Reference no. of recorded Nomination, if available (Copy enclosed)	
13	Total Gratuity Payable to Nominee/ Legal Heir	
14	Share of Gratuity claimed by Nominee/Legal Heir	
15	Basis of Claim and evidence/witness in support thereof	

(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 cross bank cheque.

Note: Strike whichever is not applicable.

Your's 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/.

**APPLICATION FOR PAYMENT OF LUMP-SUM COMPENSATION IN LIEU OF
COMPASSIONATE APPOINTMENT**

(All entries in capital letters)

1.	Name of the Deceased Employee	
2.	Designation	
3.	Name of the Centre /Region/Division last posted	
4.	Name of Nominee(s) (as per nomination form) • Valid identity proof to be submitted by nominee(s)	
5.	Relation with deceased employee	
6.	Date and reason of death of the employee (as per death certificate) • Death certificate issued by the Competent Local Govt Auth is to be attached	
7.	Permanent Address with PIN	
8.	Address for communication	
9.	Phone/Mob. No.	
10.	E-Mail ID	
11.	Bank Details for transfer of amount (Name of Bank and Branch, Account Number, IFSC code)	

Date _____

(Signature of the Nominee(s))

To:

The Regional Manager
Central Warehousing Corporation,
Regional Office _____

The General Manager (Personnel)
Central Warehousing Corporation,
Corporate Office, New Delhi

VERIFICATION AT REGIONAL OFFICE

Certified that all above particulars have been verified from the records and found correct. It is also certified that Sh./Smt _____ (Name, Post, CPF Code of the Diseased Employee) was a serving employee of the corporation on date of demise. Necessary document in support of the claim are attached herewith as per enclosure.

Signature

(Name & Desgn. of the
Estt. Head at CO/RO)

COUNTERSIGNATURE

(Name & Designation of HoD Establishment
/Regional Manager/

BANK DETAILS OF NOMINEE/LEGAL HEIR

1	Name of Nominee/Legal Heir	
2	Date of Death	
3	Name of the Bank	
4	Saving Bank Account No Of the Nominee/Legal Heir (Please attach a photocopy of cancelled cheque)	
5	IFSC Code of Bank	
6	Address of the Branch where account is maintained	



Application form for CWC Retired Employees Identity Card

Details of the Retired Employee
(Please fill in all details in BLOCK CAPITAL Letters)

(Note: Please enclose copy of any one Valid Identity proof (Aadhar/ E-Aadhar, Passport, Voter's Identity Card, Driving License, Policy bond paper of public life insurance companies or any other valid ID proof of self as well as spouse wherein name of spouse is indicated .)

Name:

Post held on retirement

Date of retirement

Aadhar No.

Date of Birth Blood Group

Identification Mark

Residential Address

.....

Mobile No. Tel No.

Signature of retired
employee within the body

Details of the Spouse

Name:

Date of Birth Blood Group

Aadhar No. (if available)

Declaration

I hereby declare that all the information furnished in the Application Form is true to the best of my knowledge.

Place:

Date:

Signature of the Retired Employee

.....

For Office Use only

ID Card issued Sl. No. Date Validity



केन्द्रीय भण्डारण निगम
(भारत सरकार का उपक्रम)
Central Warehousing Corporation
(A Government of India Undertaking)



CWC/PD-PS/Trust Meeting/2018-19/Vol.III

/ 17641

24.01.2020

CIRCULAR

Sub: Online Submission of Annuity Purchase Form for Pension

Ref: (i) Circular No.CWC/I-RO-PC/Pension/Infra/2015-16/227D dated 09.08.2016

(ii) Circular No.CWC/I-RO-PC/Pen.Cell/2016/228D dated 10.08.2016

Software for submission of application for annuities provided to the retired employees has been revamped so that all the documents required along with application for annuity can be submitted by the employees online. A User Manual for online submission of annuity form by retired employees is enclosed as Annexure-I.

2. Therefore, all the applications for purchase of annuities submitted by the retired employees shall be submitted in online mode only w.e.f. 01.02.2020. No physical application or document would be accepted by CWC's Defined Contribution Superannuating Benefit (Pension) Trust.

3. All the retired employees are advised to submit the Annuity Purchase Form three months in advance of their retirement date. Applications received by 15th of the next month of date of retirement would be submitted to LIC by 30th of the month for settlement of pension cases. Any application received after 15th of the month would be submitted in the next month cycle.

This is for information of all concerned.

Encl: As above

(R.R. Aggarwal)
24/1/2020
Group General Manager(Fin.)

Distribution:

1. All Divisional Heads, CWC, CO, New Delhi
2. GM (System), CWC, CO, New Delhi for uploading the circular on CWC website.
3. All RMs, CWC, Regional Offices
4. Secretary General, Federation of CWC Employees Union, WZ-677, Shiv Nagar Extn., Jail Road, New Delhi - 110058

Copy to:

1. PS to Chairman/Sr. PA to MD/SAM to Dir (F)/Sr. PA to D(P), CWC, CO
2. Notice Board

EMPLOYEE USER MANUAL

(For online submission of Annuity
Purchase Form by retiring
employees/spouse of deceased
employees)

CWC's DCSB (Pension) Trust

1. Employee login

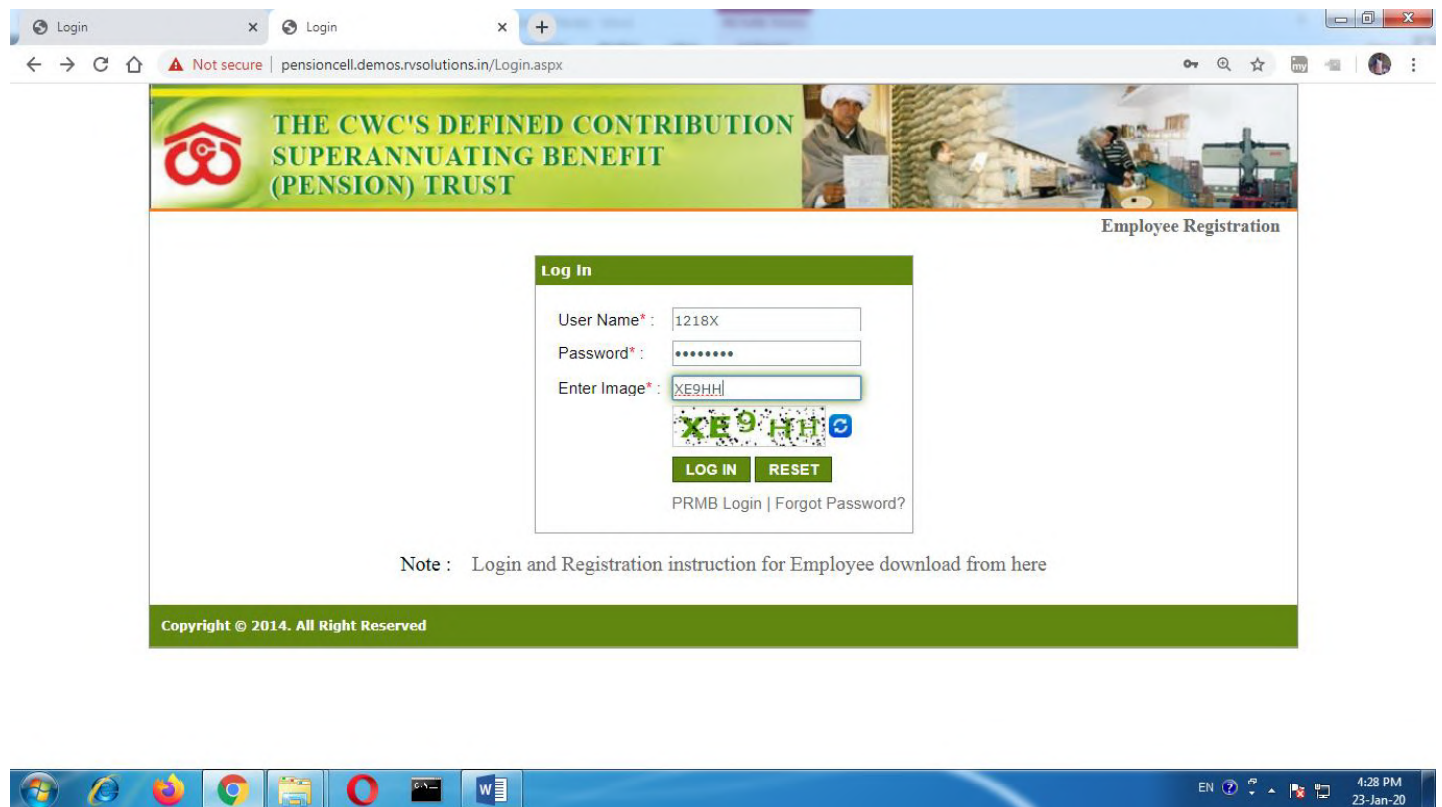
Enter URL- <http://cewacor.nic.in> for open CWC Website

Click on Employee Corner

Click on the link of CWC Pension Trust

or

Direct login - <https://www.cwcpension.in/>



1. Enter correct user name (CPF Code) & password and “Correct captcha”
2. Click on login (for login) and reset (for filled text blank)
3. Employee who will login first time then common password is **Pension@123**
4. After first time login then window open for change password
5. Click on forget password those has forget their password
6. Enter correct details and got new password on registered mobile & email-id.

2. Employee DASHBOARD

Description: Employee Dashboard will appear after login. It would have following components :-

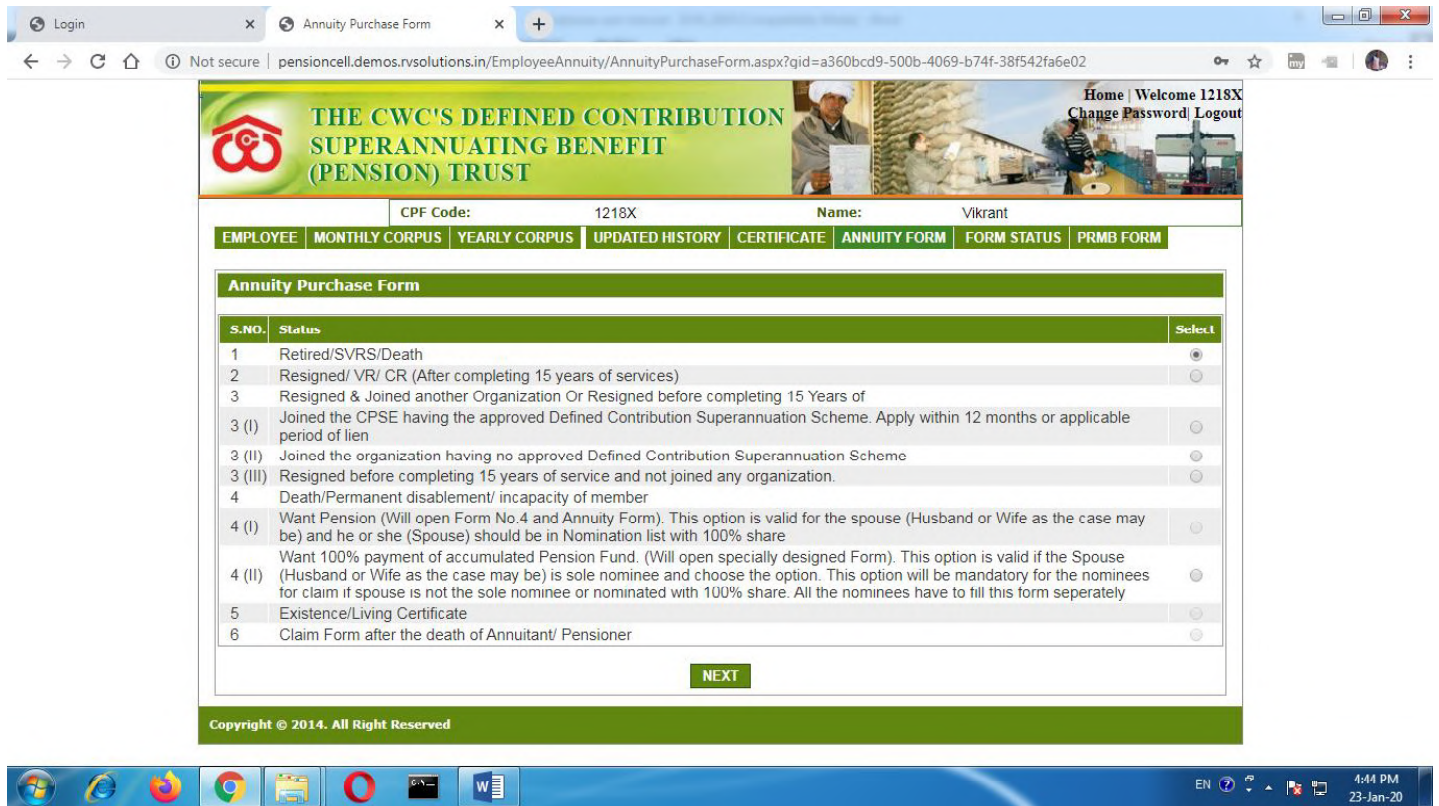
The screenshot displays a web application interface for adding an employee. The header includes the organization name and a navigation menu. The main content area is titled 'Employee Details' and contains a form with the following fields:

EMPLOYEE	MONTHLY CORPUS	YEARLY CORPUS	UPDATED HISTORY	CERTIFICATE/PREF	ANNUITY FORM	FORM STATUS	PRMB FORM
Employee Details							
CPF Code/Employee Code *	1218X			Employee Name *	Vikrant		
Sex *	Male			Date of birth *	15-07-1991		
Father's /Husband's Name:				Region Name *	GO		
Permanent Address:				Correspondance Address:			
PIN Code:				Phone No.:			
Mobile No.:	9999999778			Email ID:	defsd@kikk.com		
Date of Joining *	14-07-2004			Date of Superannuation *	31-07-2051		
Policy Number *	343350			LIC ID/Invest ID *	42355257		
Name of Bank:				IFSC Code:			
Bank A/C No.:				Designation *	Manager		
Name of Spouse:				Is Pension form submitted:	<input type="checkbox"/>		
Cadre *	C						
Nominee Details							
Nominee Name:				Nominee Age:			
Nominee Percentage share:							
Employee Retirement							
Status *	Serving						
SUBMIT							

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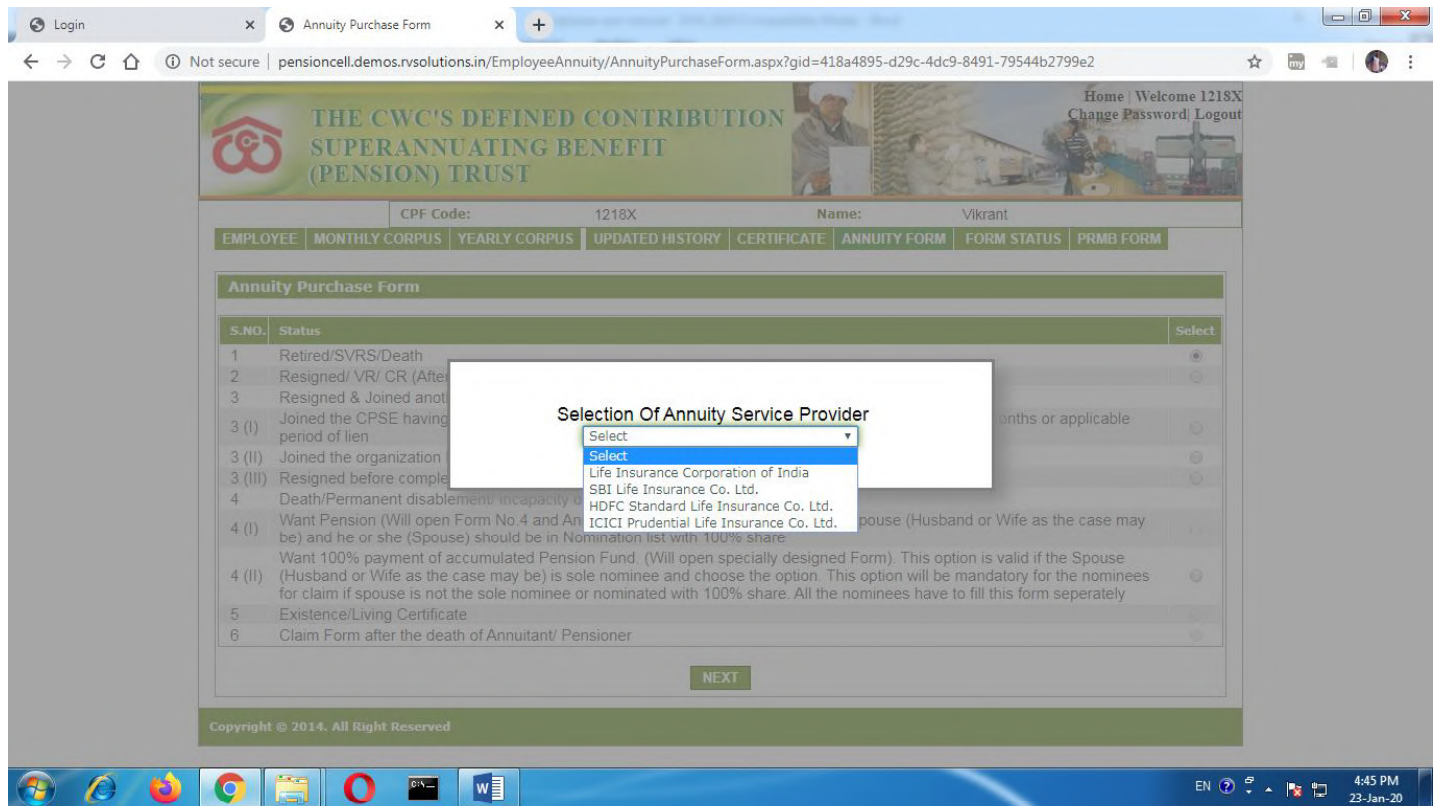
3. Annuity Form Fill by Employee

Click on Annuity form employee will be able to view the different annuity forms on a single screen. After selecting an option from annuity form screen employee will proceed to fill it



1. Select Option no. 01 for Retied/SVRS/Death
2. Select option No. 02 for Resigned/VR/CR (after completing 15 years of service)
3. Click on "Next" for "Save" the Selected Status

4. Selection name of the Annuity Service Provider (ASP) :-



1. After select the name of ASP then click on submit button
2. Click on “Next” for “Save” the selected Status

5. Form number 4 for option of Commutation

Description :Retired/SVRS/ Death (Want pension)

THE CWC'S DEFINED CONTRIBUTION SUPERANNUATING BENEFIT (PENSION) TRUST

Home | Welcome 1218X
Change Password | Logout

Form number 4 (Retired/SVRS/Death)

Employee/CPF Code:	1218X	Name of Employee:	Vikrant
Father's/Husband's Name:*	DFSF	Date of Leaving from CWC:*	31-01-2020
Last place of posting:*	CORPORATE OFFICE	Last place of Region:*	CO
Address for Communication:*	H NO 77/8	Permanent Address:*	NEAR SHIV PARIVAR MANDIR

Do you want to commute 1/3rd of your pension fund?: Yes No
(Commutation means 1/3rd amount of your accumulated pension fund will be paid to you and the balance amount will be utilised for annuity.)

Bank Details

Name of the Bank:*	GAURAV RAHEJA	Bank Account Number:*	1441414233
Bank IFSC Code:*	HDFC1235634	Address of the Bank:*	Noida

PREV NEXT

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1. Fill mandatory text box as per required data
2. Click on “prev” to go back page or click on “next” to save filled record
3. Fill “Bank Details” if choose the option of commutation (1/3rd of total corpus)
4. Click on “Next” for “Save” the Selected Status

6. Form No. 4-1 -Retired/SVRS/Death (Want pension)

(PENSION) TRUST

Form number 4-1 (Retired/SVRS/Death)

Name of Employee/Member: Vikrant
 Address: cd/sfs
 Mobile No.: 9898989778
 Date of Birth on whose Life Annuity is to be effected: 23-01-2020
 Mode of Exit: Death
 Pan No.: 43645436d
 Aadhar No.: 567567567567

Name of Annuitant on whose life annuity is to be effected: Vikrant
 Telephone No.: 09717860459
 Email ID: meens.kumar131@gmail.co
 Date of Commencement of Proposed Annuity:
 Scan copy of Death certificate: Choose File | No file chosen View
 Scan copy of Pan card: Choose File | No file chosen View
 Scan copy of Aadhar: Choose File | No file chosen View

Option to choose pension:
 (1) Annuity for Life Help
 (2) Annuity for life with return of capital (ROC) Help
 (3) Annuity for life with a provision for 100% of the annuity payable to the spouse on the death of the annuitant Help
 (4) Annuity for life with a provision for 100% of the annuity payable to the spouse on the death of the annuitant with return of purchase price on death of last annuitant Help

Mode of Payment: Monthly

Particular of Spouse (for joint life only): if chosen option no. 8/10

Name	Date of Birth	Aadhar	Scan Copy of Aadhar:	Address
MEERA	15-01-1985	123445678912	Choose File No file chosen View	H NO 77/8 KARNAL, SVR, PANDYAR, MANDU

Particular of nominee: if chosen option no. 2/10

Nominee Name	Date of Birth	Relationship	Share%	Address	Action
	DD-MM-YYYY				ADD
MOHAN	01-01-2005	SON	50	H NO 77/8	Delete
SOHAN	10-02-2009	son	50	H NO 77/8	Delete

Provide city name in case of transfer annuity servicing to your nearest office: KARNAL

Remittance/Payment Particulars of purchase price:
 Purchase Price: 1000.00
 Date of deposit: 15-01-2020
 Cheque/DD/RTGS particulars: enq3423new

PREV NEXT

1. Fill all mandatory text as per required data
2. Selection of mode of exit, if chose option of death, then individual has to upload original copy of death certificate.
3. Upload self- attested scanned copy of Aadhar & PAN Card of beneficiary.
4. Select one of the option to choose Pension, if choose option for joint life then individual has to upload self- attested copy of Aadhar Card of spouse also.
5. After uploading relevant documents, individual can view his/her documents for checking the uploaded documents is visible or not by clicking on ‘view’. If not visible then he/she has to upload again.
6. Selection of mode of Payment
6. Click on “next” to save filled record.

7. National Electronics Fund Transfer – Mandate Form

THE CWC'S DEFINED CONTRIBUTION SUPERANNUATING BENEFIT (PENSION) TRUST

Home | Welcome 1218X
Change Password | Logout

National Electronics Funds Transfer - Mandate Form

Name of Policy holder / Claimant:*	<input type="text" value="Vikrant"/>	Bank Name:*	<input type="text" value="sdf"/>
Bank Branch Address:*	<input type="text" value="H NO 77/8, NEAR SHIV PARIVAR MANDIR"/>	Account Type:*	<input type="text" value="Savings"/>
Account No.:*	<input type="text" value="675453435435345"/>	IFSC Code:*	<input type="text" value="PUNB0589012"/>
Scan copy of cancelled cheque with name mentioned or front page of the passbook if printed name is not mentioned in the check:*	<input type="button" value="Choose File"/> No file chosen <input type="button" value="View"/>		
Mobile No.:*	<input type="text" value="9717860459"/>	Email ID:*	<input type="text" value="meena.kumari131@gmail.co"/>

Are you willing to receive SMS/Email ,on matters related to your policies: Yes No

Enclose following documents:

- Cancelled Cheque leaf
- If cheque is not having the name of bank holder then photocopy of the page blank bank book containing details of bank accounts number IFSC Code
- Scan copy of death certificate if Exit mode is death
- Scan copy of pan card
- Scan copy of adhaar card

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EN 5:05 PM 23-Jan-20

1. Click on “PREV” for back page of annuity form
2. Fill all mandatory text as per required data
3. Upload scanned copy of Cancelled cheque with printed name mentioned, if name not printed then upload scanned copy of front page of passbook.
4. After click “Print” button and take print of annuity form of employees& signed on annuity form (One sign on Form No.4, Two sign on Form No.4-1 at place of signature of member and one sign on NEFT Mandate Form)
5. Scanned your complete signed Annuity form in PDF format along with self-attested necessary documents like PAN Card, Aadhar Card (Employee & Spouse), Original Death Certificate & Cancelled Cheque with name mentioned/ front page of pass-book).

8. Upload complete signed Annuity Purchase form– Final Step for submission

Home | Welcome 1218X
Change Password | Logout

THE CWC'S DEFINED CONTRIBUTION SUPERANNUATING BENEFIT (PENSION) TRUST

National Electronics Funds Transfer - Mandate Form

Name of Policy holder / Claimant:*	Vikrant	Bank Name:*	SBI
Bank Branch Address:*	H NO 77/8, NEAR SHIV PARIVAR MANDIR	Account Type:*	Savings
Account No.:	675453435435345	IFSC Code:*	PUNB0589012
Scan copy of cancelled cheque with name mentioned or front page of the passbook if printed name is not mentioned in the check:*	<input type="button" value="Choose File"/> No file chosen View		
Mobile No.:	9717860459	Email ID:*	meena.kumari131@gmail.co

Are you willing to receive SMS/Email .on matters related to your policies: Yes No

Enclose following documents:

- a. Cancelled Cheque leaf
- b. If cheque is not having the name of bank holder then photocopy of the page blank bank book containing details of bank accounts number IF-SC Code
- c. Scan copy of death certificate if Exit mode is death
- d. Scan copy of pan card
- e. Scan copy of adhaar card

Upload Annuity form: * Annuity For...01.2020.PDF

1. Click on “PREV” For back page of annuity form
2. Upload scanned copy of complete signed Annuity form in PDF along with self-attested necessary documents like PAN Card, Aadhar Card (Employee & spouse), Original Death Certificate & Cancelled Cheque with name mentioned/ front page of pass-book).
3. After click on save button for final submission.
4. After submission your form will be submit to Admin of Pension Software, it will accepted or rejected by the admin & same to be communicated through SMS & e-mail to individual with remarks.
5. If rejected, then individual has to re-submit their form after correction as mentioned in the remarks.



CWC CO-FD0PRMB/9/2020-FIN

Dated: 19.03.2021

CIRCULAR

Sub: Submission of Annual Contribution and Top-up Scheme for Group Medi-claim Insurance policy under Post-Retirement Medical Scheme (PRMS) by retired employees / spouse of deceased employees for FY. 2021-22

1. The retired employees and the spouses of the deceased employees of CWC who are eligible and intend to avail the benefit under PRMCS for FY 2021-22 shall submit the application through online mode on the PRMB portal which can be accessed through CWC website. A User Manual/procedure for online submission of Annual Contribution & Application form by retired employees/spouse of deceased employees is enclosed as **Annexure-A & Annexure-B** respectively. **No Physical application or document would be accepted by CWC Employees Post-Retirement Medical Benefit Trust.**

2. The employees who are retiring during FY 2021-22 can submit the application one month in advance of their retirement.

3. 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	OPD reimburse-ment per annum	Indoor treatment limit per annum	Annual contribution by Retired employees/ Spouse of Deceased Employees (Rs.)
Group A	Rs.15,000/-	Rs. 8.00 Lakh	1500/-
Group B	Rs.15,000/-	Rs. 8.00 Lakh	1200/-
Group C	Rs.15,000/-	Rs. 8.00 Lakh	900/-
Group D	Rs.15,000/-	Rs. 8.00 Lakh	600/-

4. The following documents are to be uploaded at the time of online submission of application form:-

- i. Living Certificate in the prescribed format (Annexure-I) after certification by the nearest warehouse Manager/ Group-A officer of CWC/Gazetted Officer with their name & seal. [Such as any Gazetted Officer - Officers of Armed Forces, Central & State Governments Employees with Group A Service Rules, Scientists (in Govt. Funded Research org.)], Vice-Chancellor/Assistant Registrars, Principals & Faculty Members of Central & State Universities, Doctors, Engineers & Drug Controller (in Central & State Services), Magistrate & Above In judicial Service, Drug Inspector (State Govt. Service). SDO (Sub Divisional Officers), BDO (Block Development Officer), Circle Inspector, Tahsildars etc. In State Administration, Principal of Govt. School, Income Tax & Revenue Officer or Branch Manager of Bank where SB account maintained for remittance].
- ii. CWC ID Card of retired employee & their spouse.



- iii. Online SB Collect receipt after payment of Annual Contribution (procedure of payment at Annexure-A).
- iv. Copy of original Cheque with name mentioned or copy of front page of pass-book if name not mentioned in cheque.
- v. Declaration form by VR/SVRS employees (who has not been attained age of 60 Years) (Annexure-II).
- vi. Declaration form by spouse of deceased employees (Annexure-III).

5. Annual Contribution for Top-up Scheme for Group Medi-claim Insurance policy for retired employees /spouse of deceased employees:

- i. In addition to above Group Medi-claim Policy, the rates for additional coverage (Top-up cover) of Rs.3.00 Lakh, Rs.5.00 Lakh, Rs.10.00 Lakh and Rs.15.00 lakh which is voluntary for the retired employees and their spouse /spouse of deceased employees valid upto 04.04.2022 have been finalized as under:

Top-up Insured	Sum	Basic Premium (Rs.)	GST@ 18%	Total Premium Payable (Rs.)
Rs.3.00 Lakh		2,499/-	450/-	2,949/-
Rs.5.00 Lakh		3,190/-	574/-	3,764/-
Rs.10.00 Lakh		4,301/-	774/-	5,075/-
Rs.15.00 lakh		5,300/-	954/-	6,254/-

- ii. The premium of above additional cover is to be borne by respective retired employees/spouse of deceased employees. This year the one- time window (45 days) for the enrollment in Top-up will be open for all those ex-employees even who have not been availing this facility in previous years and ex-employees who wish to enhance their Top-up cover.
- iii. The employees retired/retiring on or after 31.03.2021 shall exercise their option within two months of their retirement.
- iv. The sum insured once opted can-not be increased in future. The employees who discontinue the additional coverage in any period would not be able to opt for additional cover in future.
- v. The risks covered under this Top-up policy will be same as in the Primary (main) Health Insurance Policy.
- vi. The retired employees and their spouse/spouse of deceased employees who wish to avail above additional medical insurance cover should make payment for above premium through SBI Collect online mode to PRMB Trust and submit their application for additional cover (Top-up cover) online to the PRMB Trust by **30 April 2021**. If this option not exercised up to due dates they will not be able to join the scheme in future.
- vii. A user manual/procedure for online submission of Application form by retired employees/spouse of deceased employees is enclosed at Annex-C. No Physical




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



जन जन के लिए भण्डारण – WAREHOUSING FOR EVERY ONE

application or document would be accepted by CWC Employees Post-Retirement Medical Benefit Trust in respect of Top-up application form.

6. This process needs to be completed by all the employees by 30.04.2021 so that medical insurance scheme can be rolled out smoothly from 05.04.2021 for the year 2021-22.
7. In case of any delay in submission of membership application along with requisite contribution the benefit of insurance would be available there after 15 days of submission of their application.
8. All the Regional Managers are requested to provide adequate help to the retired employees in regional offices and warehouses for submission off online applications.

This is for information of all concerned.

SANJIV KUMAR SAHU
Digitally signed by SANJIV KUMAR SAHU
Date: 2021.03.21 12:31:42 +05'30'

(Sanjiv Kumar Sahu)
Sr. Assistant Manager (EWC)

Distribution:

1. All Divisional Heads, CWC, CO, New Delhi
2. GGM (System), CWC, CO, New Delhi for uploading the circular on CWC website.
3. All RMs, CWC, Regional Offices
4. Federation of Central warehousing Corporation Employees Union, New Delhi

Copy to:

1. PS to Chairman/Sr. PA to MD/SAM to Dir (F)/Sr. PA to D(P), CWC, CO
2. Notice Board

ANNEXURE-I

LIVING CERTIFICATE TO BE SUBMITTED BY THE RETRED EMPLOYEE
(for the year 2021-22)

**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

Designation of the officer

Place _____

Seal _____

Date _____

ANNEXURE-II

DECLARATION BY THE EX-EMPLOYEES
(Who have opted (VR/SVRS) but not attained age of 60 Years)

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

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. 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 _____

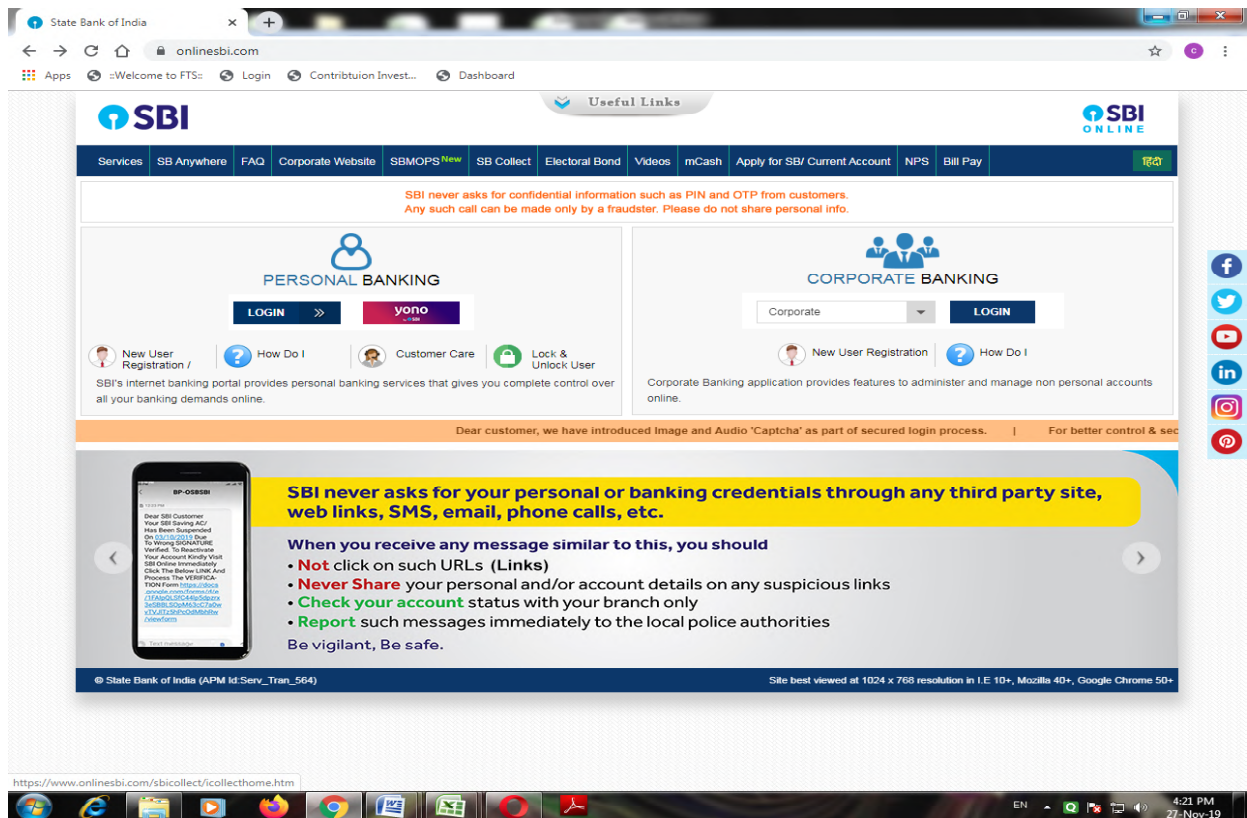
Address _____

Contact No.

Date:

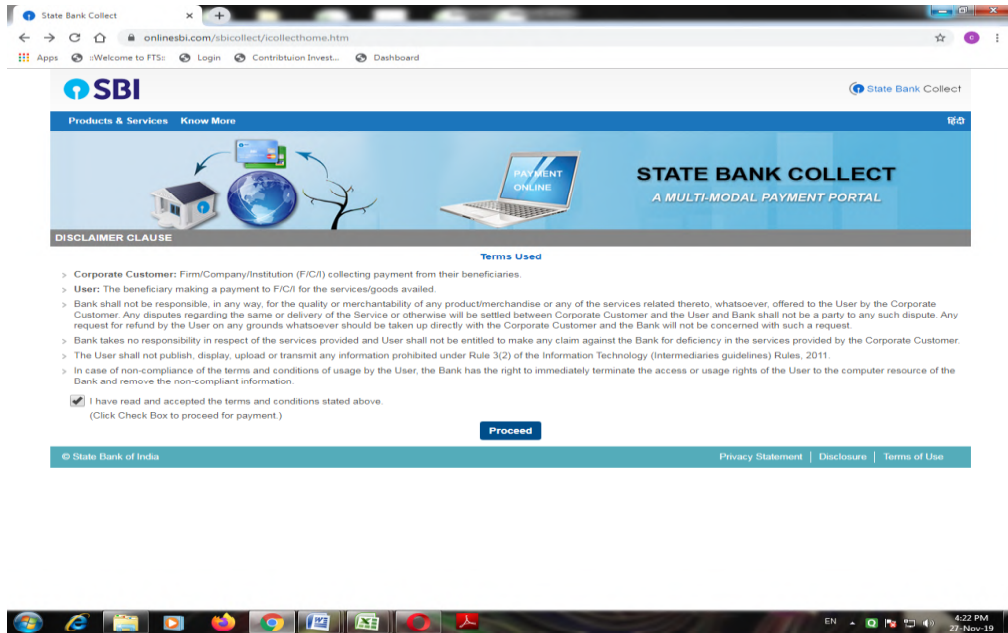
USER GUIDE FOR ONLINE PAYMENT OF ANNUAL CONTRIBUTION (PRMB MEMBERSHIP FEES) THROUGH SBI COLLECT TOWARDS POST RETIREMENT MEDICAL REIMBURSEMENT SCHEME.

- **Step: I**
Go to SBI Website : - www.onlinesbi.com



- **Step: II**

Click on SBI Collect – click on proceed after tick (✓) the check box



- **Step: III**

- i. Selection of State of Corporate/Institution:-National Capital Territory of Delhi
- ii. Selection of Corporate/Institution:- PSU- PUBLIC SECTOR UNDERTAKING
- iii. Click on Go

State Bank Collect

onlinesbi.com/sbicollect/sbclink/displayinstitutiontype.htm

State Bank Collect

State Bank Collect

State Bank Collect / State Bank Collect

State Bank Collect

Select State and Type of Corporate / Institution

State of Corporate / Institution * National Capital Territory of D

Type of Corporate / Institution * PSU - PUBLIC SECTOR UNDERTAKING

Go

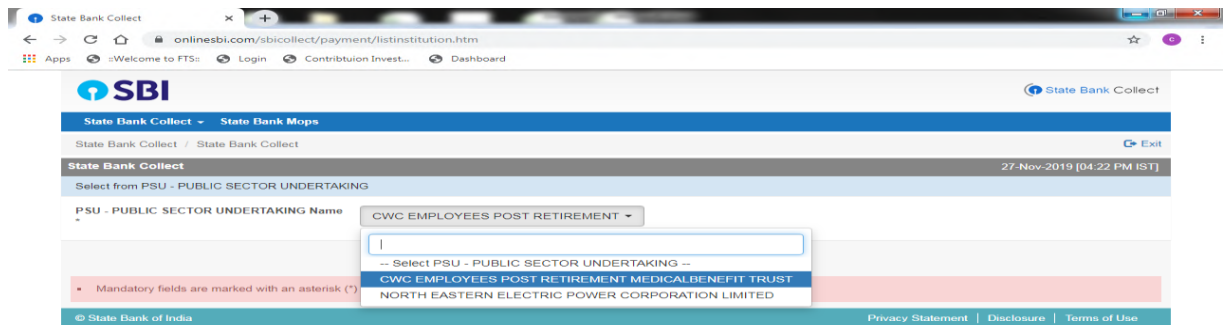
Mandatory fields are marked with an asterisk (*)
State Bank Collect is a unique service for paying online to educational institutions, temples, charities and/or any other corporates/institutions who maintain their accounts with the Bank.

© State Bank of India Privacy Statement Disclosure Terms of Use



- **Step: IV**

- i. Selection of PSU Name: - CWC EMPLOYEES POST RETIREMENT MEDICAL BENEFIT TRUST
- ii. Click on Submit



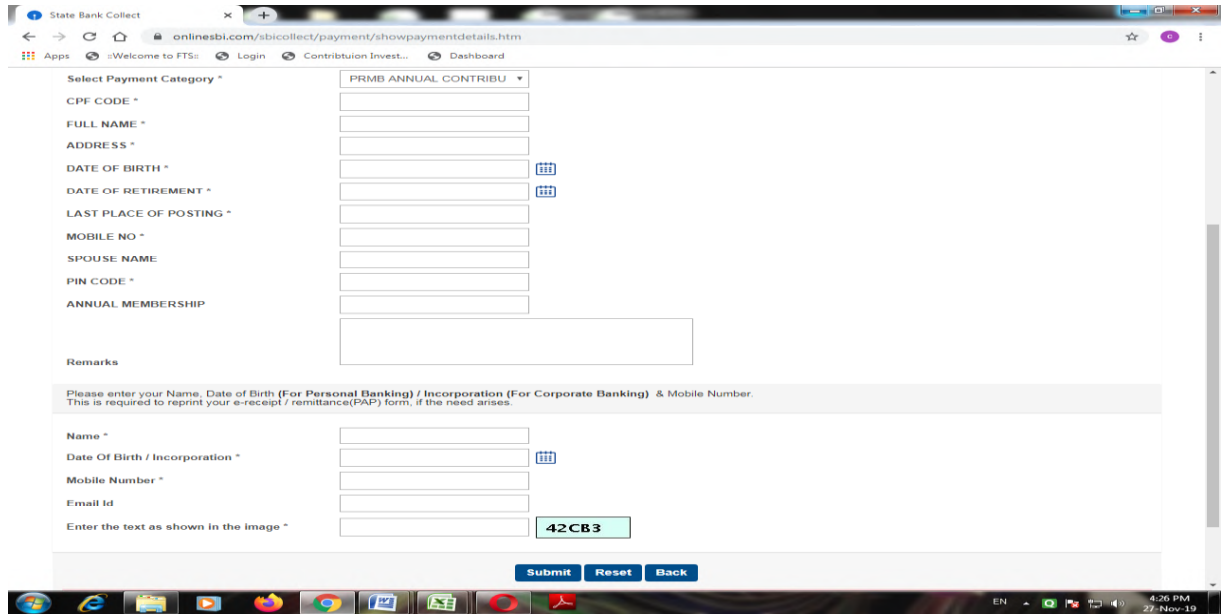
Step: V

- Select payment Category:-
 - i. PRMB Annual Contribution
 - ii. PRMB Top-up Premium

The screenshot displays the State Bank Collect web interface. At the top, the SBI logo and 'State Bank Collect' text are visible. Below this, a navigation bar shows 'State Bank Collect' and 'State Bank Mops'. The main content area features the logo of Central Warehousing Corporation and the text: 'CWC EMPLOYEES POST RETIREMENT MEDICAL BENEFIT TRUST' and '4/1 SIRI INSTITUTIONAL AREA AUGUST KRANTI MARG, SOUTH DELHI-110016'. A section titled 'Provide details of payment' contains a 'Select Payment Category *' dropdown menu. The dropdown is open, showing three options: '-- Select Category --', 'PRMB ANNUAL CONTRIBUTION', and 'PRMB Top-up Premium'. A red error message is visible below the dropdown, stating: 'Mandatory fields are marked with an asterisk (*). The payment structure document if available will be attached to the payment process. Date specified (if any) should be in the format of DD-MM-YYYY.' The footer of the page includes '© State Bank of India', 'Privacy Statement', 'Disclosure', and 'Terms of Use'. The Windows taskbar at the bottom shows the search bar, task icons, and system tray with the time 11:45 and date 19-03-2021.

Step: VI

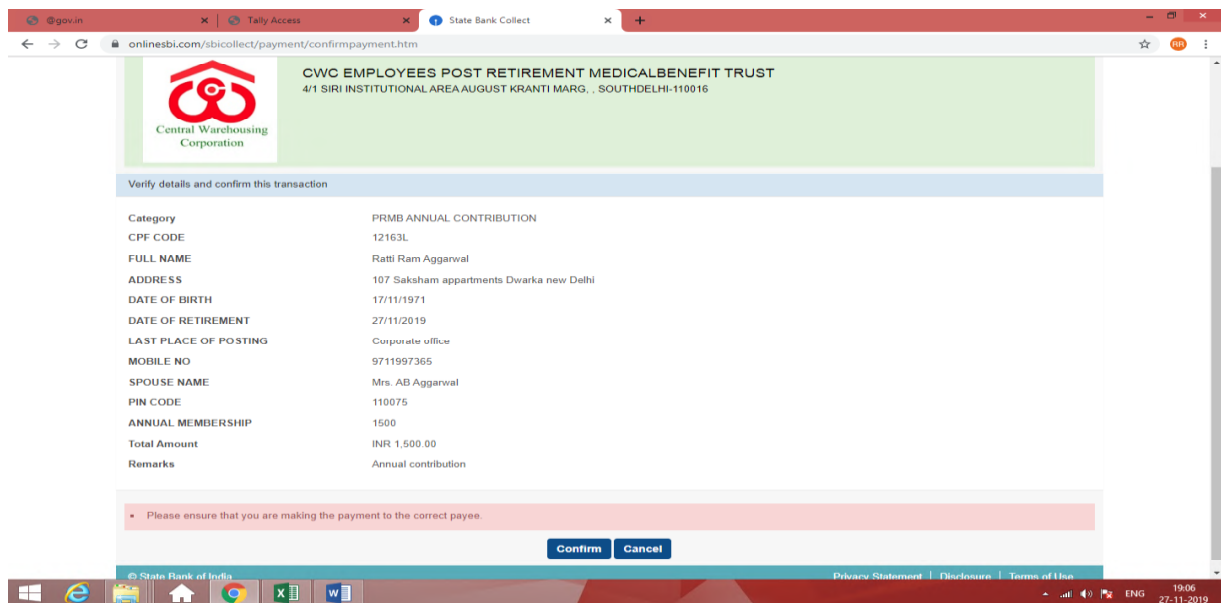
- Fill complete details as per below format :-
- Click on submit



The screenshot shows a web browser window with the URL onlinesbi.com/sbcollect/payment/showpaymentdetails.htm. The form is titled "State Bank Collect" and contains the following fields:

- Select Payment Category * (Dropdown menu: PRMB ANNUAL CONTRIBU)
- CPF CODE *
- FULL NAME *
- ADDRESS *
- DATE OF BIRTH * (Calendar icon)
- DATE OF RETIREMENT * (Calendar icon)
- LAST PLACE OF POSTING *
- MOBILE NO *
- SPOUSE NAME
- PIN CODE *
- ANNUAL MEMBERSHIP
- Remarks (Text area)

Below the form, there is a note: "Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises." This is followed by fields for Name *, Date Of Birth / Incorporation * (Calendar icon), Mobile Number *, and Email Id. A CAPTCHA field "Enter the text as shown in the image *" contains the text "42CB3". At the bottom of the form are buttons for "Submit", "Reset", and "Back".



The screenshot shows a web browser window with the URL onlinesbi.com/sbcollect/payment/confirmpayment.htm. The page header includes the State Bank of India logo and the text "Central Warehousing Corporation". The main heading is "CWC EMPLOYEES POST RETIREMENT MEDICAL BENEFIT TRUST" with the address "4/1 SIRI INSTITUTIONAL AREA AUGUST KRANTI MARG, SOUTH DELHI-110016".

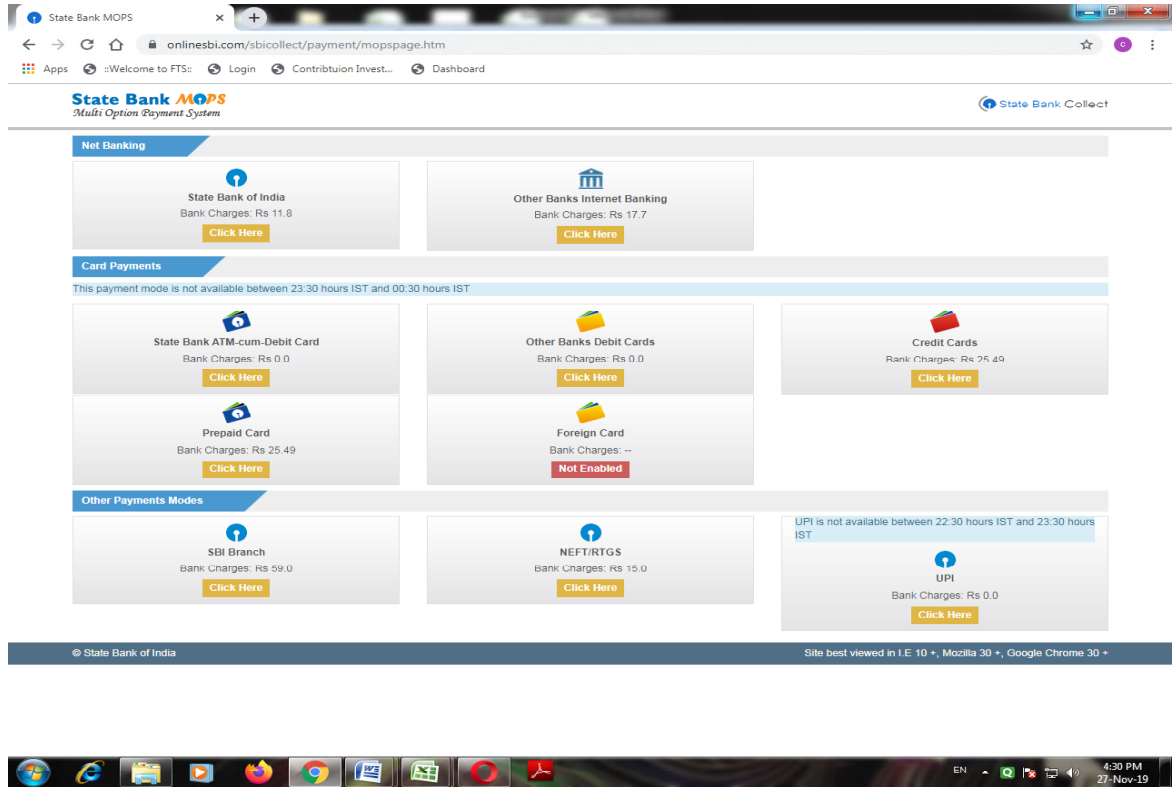
The page displays a table with the following details:

Category	PRMB ANNUAL CONTRIBUTION
CPF CODE	12163L
FULL NAME	Ratti Ram Aggarwal
ADDRESS	107 Saksham appartments Dwarka new Delhi
DATE OF BIRTH	17/11/1971
DATE OF RETIREMENT	27/11/2019
LAST PLACE OF POSTING	Corporate office
MOBILE NO	9711997365
SPOUSE NAME	Mrs. AB Aggarwal
PIN CODE	110075
ANNUAL MEMBERSHIP	1500
Total Amount	INR 1,500.00
Remarks	Annual contribution

Below the table, there is a red warning box: "Please ensure that you are making the payment to the correct payee." At the bottom of the page are buttons for "Confirm" and "Cancel".

- Verify transaction and confirm

- **Step: VII**
- Selection of payment gateway as per your comfort



- **Step: VIII**
- Receipt generated from system should be downloaded & saved. It should be uploaded at the time of online application of PRMB base policy.

A confirmation of payment will also receive on your email id and mobile.



USER MANUAL FOR ONLINE PRMB APPLICATION

PRMB : Employee Welfare Cell

CWC EMPLOYEES POST RETIREMENT MEDICAL BENEFIT TRUST

1. Objective:-

This document will help the member/user of PRMB, to Login to the Portal and online submission of PRMB application form for Base policy.

2. Application Login:-

User (PRMB user) can login in the application by using the URL as given below and using the login credentials (Username and Password) provided to them.

2.1. Steps for Login

1. Enter URL- <http://cewacor.nic.in/> for open CWC Website
2. Click on Employee Corner
3. Click on the link of CWC Pension Trust
or
4. Direct login - <https://www.cwcpension.in/>



THE CWC'S DEFINED CONTRIBUTION
SUPERANNUATING BENEFIT
(PENSION) TRUST

Log in (PRMB)

User Name* :

Password* :

Enter Image* :

PJ 9XY

LOG IN RESET

Go To Back

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- Enter correct user name (CPF Code) & password (**PRMB@123**) and “Correct captcha”
- Click on login (for login) or reset (for filled text blank)
- For first time login, then common password is **PRMB@123**

- On First time login user will have to change the password for this DOB of the Employee (In case of spouse of deceased employees, DOB of the spouse will be required to reset the password)
- Old Password - PRMB@123
- Create New Password with the condition of (minimum one upper case (Capital Letter), one lower case (small letter) , one numeric & one special character(@,#,* etc.) is mandatory & minimum password should be 08 character) **for example Prmb@123**

Change Password

DOB* :

(Enter the DOB of Spouse in case of Spouse of deceased employees)

Old Password:* :

Password* :

Confirm Password* :

CHANGE PASSWORD

- After changing the password first time user will be redirected to the main login page and Login in the system with New Password.

2. User Dashboard

- User to select the Financial Year i.e FY 2021-22
- After login user will redirected to the user dashboard of the PRMB Portal.



- On the dashboard User have 2 options:-

PRMB Form

View PRMB

3.1 PRMB Form (To fill New PRMB Form)

In the application for PRMB base Policy Form, there are three type of forms are available:-

3.1.1 Retired Employee with Spouse:

3.1.2: Only for Retired employee without spouse

3.1.3 Spouse of Deceased Employee

3.1.1. Only for Retired employee without spouse:

- This form is for only retired employee without spouse, in this case users have to fill all the information visible at the form.

PRMB Form			
APPLICATION FOR REMMITING ANNUAL CONTRIBUTION FORM1			
Employee Details/Spouse Details			
Applicant :*	<input checked="" type="radio"/> Only for retired employee without spouse <input type="radio"/> Retired employees with spouse <input type="radio"/> Spouse of Deceased Employee	Financial Year :*	2020-2021
Employee Name :	S.ARJUN	Date of Birth Employee :	25-12-1959
Full Address :*		Mobile No. :*	
Email ID :		CPF Code :	07326A
Designation(At the time of Retirement) :*	W.A.I	Last Basic Salary Drawn(Rs) :	
Date of Appointment in CWC :*	DD-MM-YYYY	Last Region of Posting :*	Select
Last place of posting :*		Annual PRMB Contribution :*	
Cadre :*	C	Mode of Exit from Corporation :*	Select
Date of retirement/VRS/SVRS Employee :*	DD-MM-YYYY		
Bank Details			
Name Of Bank :*		Bank A/C No. :*	
IFSC Code :*		Remarks :	

Note:- * Annual PRMB Contribution received only through online mode by SBI Collect

NEXT

Following fields will be required to fill by the user:

- a. Applicant : Only for retired employee without spouse
- b. Financial Year: Select the Financial Year for which user is filling the form.
- c. Employee Name: Will be Filled automatically and Non Editable (If Employee name Require some changes contact to PRMB Admin)
- d. Date of Birth of Employee: Will be auto filled but user can edit the date.
- e. Full Address: Complete address of the Employee.
- f. Mobile No.: Contact No of the Employee.
- g. Email ID: Email ID of the Employee is optional to fill.
- h. Designation: Fill the Designation of the employee at the time of the retirement.
- i. CPF Code: Will be Filled automatically and user cannot edit this field.
- j. Date of Appointment in CWC: Select the Date of Appointment in the CWC.
- k. Last Basic Salary Drawn(Rs): This field is optional to fill,
- l. Last place of posting: Enter the Name of the place where user was last posted.
- m. Last Region of Posting: Select the last posting region of the Employee.
- n. Cadre: Select the Cadre for the User A/B/C/D
- o. Annual PRMB Contribution : Enter the amount of Annual PRMB Contribution
- p. Date of retirement/VRS/SVRS Employee: fill the date of the exit from corporation.
- q. Mode of Exit from Corporation: Select the Type of the Exit
- r. Name Of Bank: Enter the bank name
- s. Bank A/C No. : enter the Users bank account Number
- t. IFSC Code: Enter the Bank IFSC Code (should be 11 character).
- u. Remarks : Enter the Remarks (Optional)

➤ **In Form 2 all the required document will be uploaded by the user.**

APPLICATION FOR REMMITING ANNUAL CONTRIBUTION FORM2

Upload Documents	
Upload Scan Copy Of Payment receipt :* Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Scan Copy Of Office identity card :* Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal :* Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Are you willing to take Self Contributory top up cover under Group Medi-claim Policy ? :	<input type="radio"/> Yes <input checked="" type="radio"/> No
Scan Copy Of Declaration Form : Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Alive Certificate scan copy with authorized signatory :* Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen

Note: There is no need to submit the Physical copy of the form to PRMB Trust

- Upload Scan Copy of Payment receipt (SB Collect) : Mandatory to upload by the User.
- Scan Copy Of Declaration Form (Annexure-II): Mandatory to upload by the User in case of VR/SVRS case (In Case of Superannuation, declaration is not required)
- Scan Copy of CWC retired identity card: Mandatory to upload by the User.
- Living Certificate (Annexure-I) scan copy with authorized signatory: Mandatory to upload by the User.
- Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal if name not mentioned in the cheque: Mandatory to upload by the User.
- The ex-employees who wish to opt for Top-up option they have to select 'Yes', otherwise select 'No'.
- Top-up policy is open for all new retirees.
- After Uploading all the document, Please click on the "Submit" Button, to submit the PRMB Application.

3.1.2.Retired Employee with Spouse:

- This is for applicable only for the employee with spouse, in this case the Spouse date of birth and Spouse name will be required to fill by the Employee.

Employee Details/Spouse Details			
Applicant :*	<input type="radio"/> Only for retired employee without spouse <input checked="" type="radio"/> Retired employees with spouse <input type="radio"/> Spouse of Deceased Employee	Financial Year :*	2020-2021
Employee Name :	SH. NOOR SAMAR	Date of Birth Employee :	01-01-1960
Spouse Name :*		Date of Birth Of Spouse :*	DD-MM-YYYY
Full Address :*	H. NO- 255/144 MUSTOFA COLONEY	Mobile No. :*	9410064052
Email ID :		CPF Code :	09239H
Designation(At the time of Retirement) :*	SIO	Last Basic Salary Drawn(Rs) :	
Date of Appointment in CWC :*	DD-MM-YYYY	Last Region of Posting :*	Select
Last place of posting :*		Annual PRMB Contribution :*	
Cadre :*	B	Mode of Exit from Corporation :*	Select
Date of retirement/VRS/SVRS Employee :*	DD-MM-YYYY		
Bank Details			
Name Of Bank :*		Bank A/C No. :*	
IFSC Code :*		Remarks :	

Note:- * Annual PRMB Contribution received only through online mode by SBI Collect

NEXT

Following fields will be required to fill by the user:

- a. Applicant : Only for retired employee with spouse
- b. Financial Year: Select the Financial Year for which user is filling the form.
- c. Employee Name: Will be Filled automatically and Non Editable (If Employee name Require some changes contact to PRMB Admin)
- d. Date of Birth Employee: Will be auto filled but user can edit the date.
- e. Spouse Name: Enter the name of the Spouse.
- f. Date of Birth of Spouse: Enter the date of birth of the Spouse.
- g. Full Address: Complete address of the Employee.
- h. Mobile No.: Contact No of the Employee.
- i. Email ID: Email ID of the Employee is optional to fill.
- j. Designation : Fill the Designation of the employee at the time of the retirement.
- k. CPF Code: Will be Filled automatically and user cannot edit this field.
- l. Date of Appointment in CWC: Select the Date of Appointment in the CWC.
- m. Last Basic Salary Drawn(Rs): This field is optional to fill,
- n. Last place of posting: Enter the Name of the Place where user was last posted.
- o. Last Region of Posting: Select the last posting region of the Employee.
- p. Cadre: Select the Cadre for the User A/B/C/D
- q. Annual PRMB Contribution : Enter the amount of Annual PRMB Contribution
- r. Date of retirement/VRS/SVRS Employee: fill the date of the Exit from corporation.
- s. Mode of Exit from Corporation: Select the Type of the Exit
- t. Name Of Bank: Enter the bank name
- u. Bank A/C No. : enter the Users bank account Number
- v. IFSC Code: Enter the Bank IFSC Code (should be 11 character).
- w. Remarks : Enter the Remarks (Optional)

➤ **In Form 2 all the required document will be uploaded by the user.**

APPLICATION FOR REMMITING ANNUAL CONTRIBUTION FORM2

Upload Documents	
Upload Scan Copy Of Payment receipt :* Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Scan Copy Of Office identity card :*	<input type="button" value="Choose File"/> No file chosen
Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal :*	<input type="button" value="Choose File"/> No file chosen
Are you willing to take Self Contributory top up cover under Group Medi-claim Policy ? :	<input type="radio"/> Yes <input checked="" type="radio"/> No
Scan Copy Of Declaration Form :	<input type="button" value="Choose File"/> No file chosen
Alive Certificate scan copy with authorized signatory :*	<input type="button" value="Choose File"/> No file chosen

Note: There is no need to submit the Physical copy of the form to PRMB Trust

- Upload Scan Copy of Payment receipt (SB Collect) : Mandatory to upload by the User.
- Scan Copy Of Declaration Form (Annexure-II): Mandatory to upload by the User in case of VR/SVRS case (In Case of Superannuation, declaration is not required)
- Scan Copy of CWC retired identity card of employee & spouse: Mandatory to upload by the User. If employee has not CWC ID Card, then he/she can upload Aadhar card of employee & spouse.
- Living Certificate (Annexure-I) scan copy with authorized signatory: Mandatory to upload by the User.
- Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal if name not mentioned in the cheque: Mandatory to upload by the User.
- The ex-employees who wish to opt for Top-up option they have to select 'Yes', otherwise select 'No'.
- Top-up policy is open for all new retirees.
- After Uploading all the document, Please click on the "Submit" Button, to submit the PRMB Application.

3.1.3. Spouse of Deceased Employee

- This form is for the Spouse of the Deceased employee, In this case the Spouse will fill the form and update the date of birth of the Deceased employee and date of death of the Employee Will be required.

Employee Details/Spouse Details			
Applicant :*	<input type="radio"/> Only for retired employee without spouse <input type="radio"/> Retired employees with spouse <input checked="" type="radio"/> Spouse of Deceased Employee	Financial Year :*	2020-2021
Employee Name :	SH. NOOR SAMAR	Date of Birth Employee :	01-01-1960
Spouse Name :*		Date of Birth Of Spouse :*	DD-MM-YYYY
Date of Death of Employee :*	DD-MM-YYYY	Relationship With Employee :*	Select
Full Address :*	H. NO- 255/144 MUSTOFA COLONEY	Mobile No. :*	9410064052
Email ID :		CPF Code :	09239H
Designation (At the time of Retirement) :*	SIO	Last Region of Posting :*	Select
Last place of posting :*		Annual PRMB Contribution :*	
Cadre :*	B	Mode of Exit from Corporation :*	Select
Date of retirement/VRS/SVRS Employee :*	DD-MM-YYYY		
Bank Details			
Name Of Bank :*		Bank A/C No. :*	
IFSC Code :*		Remarks :	

Note:- * Annual PRMB Contribution received only through online mode by SBI Collect

NEXT

Following fields will be required to fill by the user:

- Applicant : Only for retired employee with spouse
- Financial Year: Select the Financial Year for which user is filling the form.
- Employee Name: Will be Filled automatically and Non Editable (If Employee name require some changes contact to PRMB Admin)
- Date of Birth Employee: Will be auto filled but user can edit the date.
- Spouse Name: Enter the name of the Spouse.
- Date of Birth of Spouse: Enter the date of birth of the Spouse.
- Date of death of the Employee: Enter the date of death of the Employee.
- Full Address: Complete address of the Employee.
- Relationship With Employee: Select the Relationship with the Employee.
- Mobile No.: Contact No of the Employee.
- Email ID: Email ID of the Employee is optional to fill.
- Designation : Fill the Designation of the employee at the time of the retirement/death).
- CPF Code: Will be Filled automatically and user cannot edit this field.
- Date of Appointment in CWC: Select the Date of Appointment in the CWC.
- Last Basic Salary Drawn(Rs): This field is optional to fill,
- Last place of posting: Enter the Name of the Place where user was last posted.
- Last Region of Posting: Select the last posting region of the Employee.
- Cadre: Select the Cadre for the User A/B/C/D
- Annual PRMB Contribution : Enter the amount of Annual PRMB Contribution
- Date of retirement/VRS/SVRS/death of Employee: fill the date of the Exit from corporation.
- Mode of Exit from Corporation: Select the Type of the Exit
- Name Of Bank: Enter the bank name
- Bank A/C No. : enter the Users bank account Number
- IFSC Code: Enter the Bank IFSC Code (should be 11 character).
- Remarks : Enter the Remarks (Optional)

- In Form 2 all the required document will be uploaded by the user.

APPLICATION FOR REMMITING ANNUAL CONTRIBUTION FORM2

Upload Documents	
Upload Scan Copy Of Payment receipt :* Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Scan Copy Of Office identity card :*	<input type="button" value="Choose File"/> No file chosen
Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal :*	<input type="button" value="Choose File"/> No file chosen
Are you willing to take Self Contributory top up cover under Group Medi-claim Policy ? :	<input type="radio"/> Yes <input checked="" type="radio"/> No
Scan Copy Of Declaration Form : Only pdf & jpg files allowed(Max 5MB).	<input type="button" value="Choose File"/> No file chosen
Alive Certificate scan copy with authorized signatory :*	<input type="button" value="Choose File"/> No file chosen

Note: There is no need to submit the Physical copy of the form to PRMB Trust

- Upload Scan Copy of Payment receipt (SB Collect) : Mandatory to upload by the User.
- Scan Copy Of Declaration Form (Annexure-III): Mandatory to upload by the User in case of VR/SVRS case (In Case of Superannuation, declaration is not required)
- Scan Copy of CWC retired identity card of spouse: Mandatory to upload by the User.
- Living Certificate (Annexure-I) scan copy with authorized signatory: Mandatory to upload by the User.
- Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal if name not mentioned in the cheque: Mandatory to upload by the User.
- The ex-employees who wish to opt for Top-up option they have to select 'Yes', otherwise select 'No'.
- Top-up policy is open for all new retirees.
- After Uploading all the document, Please click on the "Submit" Button, to submit the PRMB Application.

4. Top-up Form :

On Clicking on the Top Up “Yes” option user will redirect to the **TOP UP Form**, where he/she have to fill the required information including the Premium amount as per slab mentioned in the Circular.

Application for Self Contributory top up cover under group Medi-claim policy

Employee Details/Spouse Details

Applicant :	Retired employees with spouse		
Spouse Name :	1	Date of Birth Of Spouse :	01-03-2020
Full Address :	1	Mobile No. :	8979567675
Email ID :	1@gnauk.com	Date of retirement/VRS/SVRS :	01-03-2020
Designation(At the time of Retirement) :	1	CPF Code :	03342A
Cadre :	A	Last place of Region :	AHMEDABAD
Last place of posting :	1		
Sum Insured Amount (Rs.) :* :	Select... ▼ *		

Premium Payment

SBI Collect reference no. :* :	98029480	Date of Deposit :* :	04-03-2020
Premium Amount :* :	78.00	SBI Collect E-receipt :* :	Choose File No file chosen View

Bank Details

Name Of Bank :	1	Bank A/C No. :	1111111111111111
IFSC Code :	1111UOUIUOI		

Status:

Remarks:

SUBMIT

After filling the required information, **user has to upload SBI Collect E-receipt of premium payment** and click on the submit button, on Clicking on submit, application will be submitted to the Admin for the approval.

5. View PRMB (To view already filled Form)

User can view the filled form in this menu, all the Form filled by the user will be displayed here. If a form is rejected by the Admin, User can Edit the form and submit the form again for the Approval.

View PRMB Form

View PRMB Form

Application Status :

Form Date : To Date :

S.NO.	CPF Code	Employee Name	Spouse Name	Updated Date	Financial Year	Remarks	Action
1	03440A	DINESH SINGH	Test	20/02/2020	2020-2021	Approved PRMB Form	View Download

- After submission your form will be submit to Admin of PRMB Software, it will accepted or rejected by the admin & same to be communicated through SMS & e-mail to individual with remarks.
- If rejected, then individual has to re-submit their form after correction as mentioned in the remarks