



  
**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./

1311 E

Dated: 27<sup>th</sup> May, 2019

**CIRCULAR**

**Sub: Reimbursement of outdoor medical expenses in respect of retired employees...Reg.**

In continuation to CO Circular no. CWC/MS-7/PRMCS/Admn./308A dated 14.09.2018, it has now been decided with the approval of Competent Authority that retired Employees who are member of PRMB scheme shall directly submit the application for reimbursement of outdoor medical expenses incurred for self and dependant spouse as per prescribed form enclosed (Annexure-I) directly to PRMB Trust, Corporate Office. The application should be sent in a separate envelop in favour of Sr. Asstt. Manager (PRMB) mentioning "APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES FOR RETIRED EMPLOYEES" & CPF Code on the top of envelop. It has been further decided that

1. Retired Employee who is member shall submit the application after incurring expenditure of Rs. 15000/- as reimbursement will be restricted to Rs. 15000/- per annum & in one instalment.
2. It is **mandatory** to attach a copy of I-Card issued to retired employees by CO/ Concerned ROs and mentioning of CPF Code on the form otherwise the application for reimbursement will be rejected.
3. The Regional Offices who are in possession of such applications shall forward the same to Corporate Office after ensuring that the copy of Retired Employee I-card is duly attached therewith and CPF number is mentioned in the application by 10<sup>th</sup> June, 2019. No application shall be accepted from RO after 10<sup>th</sup> June, 2019.
4. The retired employees who have already submitted such certificates/applications to their concerned RO need not submit again to Corporate Office.

o/c

5. All payments will be processed by CWC PRMB Trust at Corporate Office only and amount will be credited directly to the bank account of retired employee. No Regional Office shall make payment to retired employees on account of outdoor medical treatment.

6. In case, ROs have already paid the outdoor medical expenses to retired employees till date, a list in enclosed performa (Annexure-II) shall be sent to PRMB Trust, Corporate Office by 10<sup>th</sup> June, 2019.

7. The payment to the retired employees would be made on quarterly basis as under:

Application Received Upto	Payment to be made to retired Employee
30 <sup>th</sup> June, 2019	15 <sup>th</sup> July, 2019
30 <sup>th</sup> Sep, 2019	15 <sup>th</sup> Oct, 2019
31 <sup>st</sup> Dec, 2019	15 <sup>th</sup> Jan, 2020
15 <sup>th</sup> Mar, 2020	31 <sup>st</sup> March, 2020

No application from retired employees shall be accepted after 15<sup>th</sup> March, 2020.

*Arvindhri*  
27-05-19

(Arvind Chaudhri)  
Group General Manager (Pers.)

Encl: Format of Application as above

**Distribution:-**

To,

All HoDs, CWC, CO New Delhi and All Regional Managers with the request to circulate the contents of circular for the benefit of all the employees.

Copy to,

1. Sr. PS to Chairman/SPA to Managing Director/ PS to Director (M&CP)/ SAM to Director (Fin.), PS to Director (Pers.), CWC, CO, New Delhi.

2. GM (MIS), CWC, CO New Delhi with the request to upload it on the CWC website

3. Notice Board for information to all.

**Annexure-I**

**Application for Reimbursement of expenditure incurred on  
Outdoor Medical Treatment by Retired Employees**

This is to certify that I have incurred an expenditure of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) towards outdoor medical treatment for self and dependant spouse during financial year \_\_\_\_\_.

It is further certified that my spouse is employed in \_\_\_\_\_/not employed and the spouse is claiming/not claiming medical reimbursement. The amount may be remitted to my Bank A/cs as per details given below:-

S.B. A/c no.	
Bank Name & Branch Address	
IFSC Code of Bank	

I further confirm that I have not claimed any amount till date and shall not claim in future towards outdoor medical treatment for the above financial year.

Signature:

Name:

Designation:

Last Place of posting:

Region Name:

CPF Code:

**FOR USE BY PRMB TRUST OFFICE**

Passed for payment of Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_)

**SAM (A/cs)**

Enclosure: (i) Copy of I-Card i.e. issued by CO/Concerned ROs for retired employees.  
(ii) Cancelled Cheque/copy of Bank Passbook.

