



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



CWC CO-PD0IR/2/2020-PERSONNEL

Date: 21.07.2020

Subject: Reimbursement of medical expenses in case of OPD treatment for chronic diseases in respect of Group C & D employees and payment of quarterly reimbursement amount in respect of other outdoor medical treatment -reg.

Reference: 1. CWC, CO letter No. CWC/IRO/Wage Revision/2019/ dated 23.12.2019
2. CWC, CO letter No. CWC-EBT/Med. Reimb./Part-3(III)/2019-20/8557 dated 03.10.2019

Corporate Office is in receipt of requests/queries from employees, representative unions and Regional Offices regarding reimbursement of medical expenses in case of OPD treatment for chronic diseases to Group C & D employees and date of applicability of revised quarterly reimbursement payment for outdoor treatment.

2. Towards this, it is pertinent to mention that the revised wages in respect of Group C & D employees were implemented vide communication dated 23.12.2019. Para 7.3 of the communication dated 23.12.2019 states, *"The existing facility of reimbursement of outdoor medical treatment shall continue and the amount is revised from Rs. 1600/- to Rs. 6400/- per quarter. The reimbursement of medical expenses in case of OPD treatment for chronic diseases shall be allowed from the date of signing of the MoU. The terms & conditions of reimbursement shall be applicable as per instructions issued by the Corporation from time to time."* As such the EBT section has issued a communication dated 03.10.2019 extending the benefit of Medical Reimbursement Scheme to employees for chronic diseases for the FY 2019-20 till 01.09.2019.

3. It is reiterated that the reimbursement of medical expenses in case of OPD treatment for chronic diseases in respect of Group C & D employees is allowed from 02.09.2019 (date of signing of MoU) and is payable by CWC. Apropos, expenditure on OPD treatment for chronic diseases in respect of Group C & D will be reimbursed by EBT only upto 01.09.2019. Further, the revision in quarterly reimbursement amount will be applicable w.e.f. 23.12.2019 (date of implementation of revised pay scales).

4. The competent authority has approved following procedure for reimbursement of OPD expenses in respect of chronic diseases in respect of Group C & D employees:

4.1 Chronic Disease Certificate as per **Annexure-I**, certified by any Specialist Doctor (MD/MS & above) including Specialist Doctors of Government Hospital/CWC empaneled Hospitals shall be accepted with respect to the treatment of Chronic diseases mentioned in **Annexure-II** for CWC beneficiaries. A format of the undertaking to be submitted by the beneficiary along with chronic certificate is annexed as **Annexure -III**. The following process may be followed for this purpose:

4.1.1 The employee will submit the Chronic Disease Certificate and Undertaking, attached herewith, to the Medical Section of the Accounts department of the Regional Office concerned. Employees posted at Corporate Office have to submit the same to Medical Section, Finance Division.

4.1.2 Maximum period of out-door treatment in case of declared chronic diseases on single prescription shall be up to six months. Thereafter, fresh prescription shall be taken from a specialist doctor.

4.1.3 In case there is any change in the medicine for the chronic disease, the beneficiary has to resubmit the chronic disease certificate and follow step 4.1.1.

(Pankaj Singh)
Manager (IR)

To,
All the Regional Managers

Copy to:

1. All Heads of Divisions, CWC, Corporate Office, New Delhi.
2. PS to Chairman/Sr. PA to MD/SAM to Director (Fin.)/PS to Director (Pers.), CWC, CO, New Delhi.
3. Secretary General, Federation of CWCEUs, New Delhi.

Annexure-I

(To communication dated 21.07.2020)

**CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)**

Chronic Disease Certificate

This is to certify that Shri / Smt. _____ (Name of patient) aged _____ years, father/mother/wife/son/daughter/brother/sister (Relationship) of Shri /Smt./Ms _____, who is working as _____ (Designation) in Central Warehousing Corporation, is suffering from _____ disease which is a Chronic disease mention at serial No. _____ of Annexure-II of CWC circular dated 21.07.2020 and is under treatment with Doctor (Specialist/MD/MS/Hospital) _____ Registration No. _____ Since _____.

Medicine/Drugs/Test to be included under Chronic Diseases are:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____ 11. _____ 12. _____

The above prescribed medicines are subject to review of patient condition after _____ months/years.

Signature of the Doctor: _____

Name of the Doctor: _____

Rubber seal with Regn. No. _____

Note: Above certificate should not be valid for more than 2 years.

Annexure-II

(To communication dated 21.07.2020)

LIST OF CHRONIC DISEASES

Following chronic diseases will be covered for reimbursements as were circulated vide Circular No. CWC/MS-1/Medical Review/Admn./554D dated 19.09.2000 by CWC. These are reproduced as under:-

1. Heart Ailment
2. Diabetes
3. Cancer
4. Mental Diseases
5. Poliomyelitis
6. Tuberculosis
7. Leprosy
8. Gastritis
9. Bronchial Asthma/Bronchitis
10. Epilepsy
11. Paralysis
12. Renal Failure

Annexure-III

(To communication dated 21.07.2020)

**UNDERTAKING TO BE SUBMITTED BY CWC BENEFICIARY AT THE TIME OF
SUBMITTING CHRONIC CERTIFICATE**

Name of CWC employee: _____

Employee CPF No.: _____

Name of the Patient: _____

Relationship with Patient: _____

Address of the Patient: _____

Declaration

1. I hereby declare that the above given information is best to my knowledge and is as per rules mentioned in CWC Medical Scheme, I will be held responsible in case of any information proved to be false/fabricated.
2. The medicines prescribed by the Doctor as per the Chronic Disease Certificate are being consumed by the patient.

Date: _____

Signature: _____

Place: _____

Name of the Employee: _____

Employee No.: _____

Enclosures:

1. Chronic Disease Certificate by authorised Doctor as per CWC Medical Policy.
2. Prescription No. _____ dated _____ of the Doctor _____
3. Medicine Bill/Medical Report Receipt No. _____ dated _____