



CWC EMPLOYEES POST-RETIREMENTMEDICAL BENEFIT TRUST

CWCCO-FD0PRMB/9/2022-FIN

Dated: 05.04.2024

Sub: <u>Submission of Annual Contribution and Top-up Scheme for Group Medi-claim</u> <u>Insurance policy under Post-Retirement Medical Scheme (PRMS) by retired</u> employees/spouse of deceased employees for the period 05.04.2024 to 04.04.2025

CIRCULAR NO. 22/2024-PRMB

1. The retired employees (including their spouses) and the spouses of the deceased employees of CWC who are eligible and intend to avail of the benefit under PRMS for the period **05.04.2024 to 04.04.2025** shall submit the application through online mode on the PRMB portal which can be accessed through the 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 Benefits Trust**.

2. The employees who are retiring during FY 2024-25 can submit the application three month in advance of their retirement. Applications received after retirement date may not be entertained. The employees retired/retiring on or after 31.03.2024 may exercise their option within two months of their retirement.

3. The rate of annual contribution and the corresponding treatment benefit limit of indoor/outdoor for retired employees as well as the spouse of deceased employees (same for both) are as below: -

Category of Employees	Indoor treatment limit per annum	Annual contribution by Retired employees/ Spouse of Deceased Employees (Rs.)
Group A	Rs.8.00 Lakh	1500/-
Group B	Rs.8.00 Lakh	1200/-
Group C	Rs.8.00 Lakh	900/-
Group D	Rs.8.00 Lakh	600/-

- 4. The following documents are to be uploaded at the time of online submission of the 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. (Front and backside both to be uploaded)
- iii. Online SBI Collect receipt after payment of Annual Contribution (procedure of payment at Annexure-A).
- iv. Copy of original Cheque with the name mentioned or copy of the front page of pass-book if name not mentioned in the cheque.
- v. Declaration form by VR/SVRS employees (who have not been attained the age of 60Years) (Annexure-II).
- vi. Declaration form by the spouse of deceased employees which was previously being manually filed in Annexure-III and scanned copies were being uploaded. It has been set as screen form only with all relevant details as per manual form on the selection of bullet.

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

a) In addition to the 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, Rs.15.00 lakh, and Rs.25.00 Lakh which is voluntary for the retired employees and their spouse /spouse of deceased employees valid up to 04.04.2025 have been finalized as under:

Top-up Sum Insured	Basic Premium (Rs.)	GST@18%	Total Premium Payable(Rs.)
Rs.3.00Lakh	4,987/-	898/-	5,885/-
Rs.5.00Lakh	6,529/-	1,175/-	7,704/-
Rs.10.00Lakh	11,244/-	2,024/-	13,268/-
Rs.15.00lakh	13,601/-	2448/-	16,049/-
Rs.25.00lakh	19,223/-	3,460/-	22,683/-

- b) The premium of the above additional cover is to be borne by respective retired employees/spouses of deceased employees. Ex-employees can opt any of above slab as per their suitability.
- c) The sum insured once opted cannot be increased in the future. The employees who discontinue the additional coverage in any period would not be able to opt for additional coverage in the future, unless relaxation in this regard is issued.
- d) The risks covered under this Top-up policy will be the same as in the Primary (main) Health Insurance Policy.
- e) The retired employees and their spouse/spouse of deceased employees who wish to avail above additional medical insurance cover should make payment

for the 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.

- f) A user manual /procedure for online submission of the Application form by retired employees/spouses of deceased employees is enclosed at Annexure-C.
 No Physical application or document would be accepted by CWC Employees Post-Retirement Medical Benefits Trust in respect of the Top-up application form.
- 6. Delay in submission of application may effect the claim rate by the ex-employees. Accordingly it is advise to complete the process by all the ex-employees latest by 15.05.2024 so that the medical insurance scheme can be rolled out smoothly for the year 2024-25. After due date of submission application may not be entertained.
- **7.** All the Regional Managers are requested to provide adequate help to the retired employees in regional offices and warehouses for submission of online applications.
- **8.** The Information related to TPA shall be issued separately

This is for the information of all concerned.

(Dr. Sidharth Rath) Secretary/General Manager (Pers.)

Distribution:

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

Copy to:

- 1. PS to MD/PA to Dir (F)/PPS to D(P), CWC,CO
- 2. Notice Board

ANNEXURE-I

LIVING CERTIFICATE TO BE SUBMITTED BY THE RETRED EMPLOYEE

(for the year 2024-25)

Photograph of retired employee	Photograph of retired employee spouse
It is certified that I have seen the employee Sh./Sn	nt
and his/her dependent 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	

D om the PRMB membership permanently.

ANNEXURE-II

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

(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

Disclaimer : In case of submission of any fraud claim documents he/she shall be removed from the PRMB membership permanently.

ANNEXURE-A

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

• <u>Step: I</u>

Go to SBI Website:-www.onlinesbi.com





• <u>Step: III</u>

- i. Selection of State Filter : National Capital of Territory of Delhi
- ii. Selection of PSU Name:- CWC EMPLOYEES POST RETIREMENT MEDICAL BENEFIT TRUST

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<u>Step: IV</u>

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

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Step: V

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

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		Enter Payment Details			
		Payment Category :	PRMB ANNUAL CONTRIBUTION *		
		CPF CODE *			
		FULL NAME *			
		DATE OF BIRTH OF EMPLOYEE *	[dd/mm/yyyy]		
		DATE OF RETIREMENT/DEATH *	[dd/mm/yyyy]		
		MOBILE NO *		_	
		SPOUSE NAME		_	
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• Verify transaction and confirm



• Selection of payment gateway as per your comfort



• Step: VII

• 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.

ANNEXURE-B

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.

Steps for Login

- 1. Enter URL-<u>http://cewacor.nic.in/</u> 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 DEFINI SUPERANNUATING (PENSION) TRUST	ED CONTRIBUTION BENEFIT
	Log In (PRMB) User Name*: Password*: Enter Image*: LOG IN RESET Go To Back
Copyright © 2014. All Right Reserved	

- > Enter correct username (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 examplePrmb@123

000 .	
(Enter the DOB of Spouse in case of Spouse of deceased	
employees)	
Old Password:* :	
Password* :	
Confirm 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 2024-25
- > After login user will redirected to the user dashboard of the PRMB Portal.

3	THE CWC'S DEFINED CONTRIBU SUPERANNUATING BENEFIT (PENSION) TRUST	TION Home Welcome 07326A Change Password Logout
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> 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:-

Retired Employee with Spouse:

Only for Retired employee without spouse:

Spouse of Deceased Employee:

3.1.1. Only for Retired employee without spouse:

APPLICATION FOR REMM	ITING ANNUAL CON	TRIBUTION FORM	н		
Employee Details/Spouse	Details				
	Retired employees	with spouse			
Applicant .*	Only for retired emp Spouse of Decease	koyee without spouse	Financial Year .*	2023-2024 5 April 2023 to 4 A	spril 2024
Employee Name :	T.Laxmanna		Date of Birth Employee :	15-08-1946	
Spouse Name *	T SHARADHA		Date of Birth Of Spouse ."	21-05-1948	
Building No / Flat No : *	HOUSE NO 2-10-879	- 11 ET	Floor No :	preet vihar.	
Name of the Premises/Building :	Shyam	14	Road/Street	JYOTHI NAGAR	
State .*	Uttar Pradesh	~	District :*	Ayodhya	
City/Town/Locality/Village *	malik pur		Pin Code : *	110009	
Email ID -*	pavan.kumar02@rvso	futions.	Mobile No*	9494824305	
Designation(At the time of Retirement) :*	SUPERINTENDENT		CPF Code :	066970	
Date of Appointment in CWC :*	05-06-1984		Last Basic Salary Drawn(Rs)		
Last place of posting .*	CW HUNDRA		Last Region of Posting :*	AHMEDABAD	
Cadre :"	D	¥	Annual PRMB Contribution *	1200.00	
Date of retirement/VRS/SVRS Employee :*	31-08-2006		Mode of Exit from Corpotation	Superannuation	
Bank Details					
Name Of Bank :*	PUNJAB NATIONAL BA	NK	Bank A/C No ::*	36300001000814	08
IESC Code :*	PUNB0363000		Remarks		

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

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 with Pin Code.
- f. Mobile No.: Contact No of the Employee.
- g. Email ID: Email ID of the Employee is optional are mandatory.
- h. Designation: Fill the Designation of the employee at the time of the retirement.
- i. CPF Code: Will be Filled automatically and user can not 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, however It is advised to provide the detail Basic withdrawn details.
- 1. 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 be11character).
- 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 Scan Copy Of Payment receipt :* Only pdf & jpg files allowed(Max 5MB).	Choose File No file chosen	Scan Copy Of Declaration Form : Only pdf & jpg files allowed(Max 5MB).	Choose File No file chosen
Scan Copy Of Office identity card :* Only pdf & jpg files allowed(Max 5MB).	Choose File No file chosen	Alive Certificate scan copy with authorized signatory :* Only pdf & jpg files allowed(Max SMB).	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 SMB).	Choose File No file chosen		
Are you willing to take Self Contributory top up cover under Group Medi-claim Policy ? :	⊙ Yes ⊕ No		

- a. Upload Scan Copy of Payment receipt (SBI Collect) :Mandatory to upload by the User.
- b. 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)
- c. Scan Copy of Updated CWC retired Employee identity card: Mandatory to upload by the User.
- d. Living Certificate (Annexure-I) scan copy with authorized signatory: Mandatory to upload by the User.
- e. 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.
- f. The ex-employees who wish to opt for top-up option they have to select 'Yes', otherwise select 'No'.
- g. Top-up policy is open for all new retirees.
- h. After Uploading all the document, Please click on the "**Submit**" Button, to submit the PRMB Application.

Retired Employee with Spouse:

				-
APPLICATION FOR REMM	ITING ANNUAL CONTRIBUTION FORM	n		
Employee Details/ spouse	Let the second			
Applicant.*	Retired employees with spouse Only for retired employee without spouse Spouse of Deceased Employee	Financial Year +	2023-2024 V 5 April 2023 to 4 April 2024	
Employee Name :	T.Laxmanna	Date of Birth Employee :	15-08-1946	
Spouse Name .*	T SHARADHA	Date of Birth Of Spouse ."	21-05-1948	
Building No / Flat No : *	HOUSE NO 2-10-879	Floor No :	preet vihar.	
Name of the Premises/Building :	Shyam	Road/Street:	JYOTHI NAGAR	
State .*	Uttar Pradesh 👻	District .*	Ayodhya 🐱	
City/Town/Locality/Village !*	malik pur	Pin Code : *	110009	
Email ID."	pavan, kumar02@rvsolutions.	Mobile No*	9494824305	
Designation(At the time of Retirement) :**	SUPERINTENDENT	CPF Code :	066970	
Date of Appointment in CWC :*	05-06-1984	Last Basic Salary Drawn(Rs)		
Last place of posting .*	CW MUNDRA	Last Region of Posting ."	AHMEDABAD 👻	
Cadre :"	0 ~	Annual PRMB Contribution .*	1200.00	
Date of retirement/VRS/SVRS Employee :*	31-08-2006	Mode of Exit from Corpotation	Superannuation 👻	
Bank Details				
Name Of Bank :*	PUNJAB NATIONAL BANK	Bank A/C No*	3630000100081408	
IFSC Code :*	PUNB0363000	Remarks		

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.

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. 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 with Pin Code.
- h. Mobile No.: Contact No of the Employee.
- i. Email ID: Email ID of the Employee is optional are mandatory.
- j. Designation: Fill the Designation of the employee at the time of the retirement.
- k. CPF Code: Will be Filled automatically and user can not edit this field.
- 1. 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, however It is advised to provide the detail Basic withdrawn details.
- 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 be11character).
- 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).	Choose File No file chosen	Scan Copy Of Declaration Form : Only pdf & jpg files allowed(Max 5MB).	Choose File No file chosen
Scan Copy Of Office identity card :* Only pdf & jpg files allowed(Max 5MB).	Choose File No file chosen	Alive Certificate scan copy with authorized signatory :* Only pdf & jpg files allowed(Max 5MB).	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).	Choose File No file chosen		
Are you willing to take Self Contributory top up cover under Group Medi-claim Policy ? :	⊙ Yes ⊛ No		

PREV SAVE

- a. Upload Scan Copy of Payment receipt (SBI Collect) : Mandatory to upload by the User.
- b. 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)
- c. Scan Copy of Updated CWC retired Employee identity card: Mandatory to upload by the User.
- d. Living Certificate (Annexure-I) scan copy with authorized signatory: Mandatory to upload by the User.
- e. 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.
- f. The ex-employees who wish to opt for top-up option they have to select 'Yes', otherwise select 'No'.
- g. Top-up policy is open for all new retirees.
- h. After Uploading all the document, Please click on the "**Submit**" Button, to submit the PRMB Application.

Spouse of Deceased Employee

RMS Form					
APPLICATION FOR REMM	ITING ANNUAL CO	NTRIBUTION FORM	11		
Employee Details/Spouse	Details				
Applicant *	Retired employee Only for retired en Spouse of Decear	s with spouse rployee without spouse sed Employee	Financial Year +	2023-2024 5 April 2023 to 4 Ap	pril 2024
Employee Name :	T.Laxmanna		Date of Birth Employee :	15-08-1946	
Spouse Name *	T SHARADHA		Date of Birth Of Spouse :*	21-05-1948	
Building No / Flat No : *	HOUSE NO 2-10-879		Floor No :	preet whan	
Name of the Premises/Building :	Shyam	13	Road/Street:	JYOTHI NAGAR	
State .*	Uttar Pradesh	~	District :*	Ayodhya	
City/Town/Locality/Village !*	malik pur		Pin Code : *	110009	
Email ID .*	pavan.kumar02@rvs	iolutions.	Mobile No*	9494824305	
Designation(At the time of Retirement) :*	SUPERINTENDENT		CPF Code :	066970	
Date of Appointment in CWC :*	05-06-1984		Last Basic Salary Drawn(Rs)		
Last place of posting :*	CW MUNDRA		Last Region of Posting :*	AHMEDABAD	*
Cadre :*	D	*	Annual PRMB Contribution .*	1200.00	
Date of retirement/VRS/SVRS Employee **	31-08-2006		Mode of Exit from Corpotation	Superannuation	•
Bank Details					
Name Of Bank :*	PUNJAB NATIONAL B	IANK	Bank A'C No ::*	363000010008140	18
IFSC Code :*	PUNB0363000		Remarks		

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

The 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. Spouse Name: Enter the name of the Spouse.
- f. Date of Birth of Spouse : Enter the date of birth of the Spouse
- g. Date of death of the Employee : Enter the date of death of the Employee
- h. Full Address: Complete address of the Employee with Pin Code.
- i. Relationship With Employee : Select the Relationship with the Employee
- j. Mobile No.: Contact No of the Employee.
- k. Email ID: Email ID of the Employee is optional are mandatory.
- 1. Designation: Fill the Designation of the employee at the time of the retirement.
- m. CPF Code: Will be Filled automatically and user can not edit this field.
- n. Date of Appointment in CWC: Select the Date of Appointment in the CWC.
- o. Last Basic Salary Drawn (Rs): This field is optional to fill, however It is advised to provide the detail Basic withdrawn details.
- p. Last place of posting: Enter the Name of the place where user was last posted.

- q. Last Region of Posting: Select the last posting region of the Employee.
- r. Cadre : Select the Cadre for the User A/B/C/D
- s. Annual PRMB Contribution: Enter the amount of Annual PRMB Contribution
- t. Date of retirement /VRS/SVRS Employee: fill the date of the exit from corporation.
- u. Mode of Exit from Corporation : Select the Type of the Exit
- v. Name Of Bank : Enter the bank name
- w. Bank A/C No. :Enter the Users bank account Number
- x. IFSC Code: Enter the Bank IFSC Code (should be 11 character).
- y. Remarks: Enter the Remarks Optional)
- > In Form 2 All the required document will be uploaded by the user.

O O I	ocalhost:3563/PRM8/AnnualContrib	utionForm2.aspx?PRMBID=MTE10	IDA%3d8dsPY+MjAyNC0yMDI1	Bame Welcome 14494L	Q	\$ 0	
	THE CWC SUPERAN	S DEFINED CONTR NUATING BENEFIT	IBUTION A	Change Patewood Logout			
	(PENSION	TRUST					
		THE ANNUAL CONTRIBUTOR	ECORNO A				
	Upload Documents	THIS ARROAD CONTRIBUTION	4 PORM2				
	Upload Scan Copy Of Payment receipt :* Only julk up film allowedOffen (202)	Choose File No file chosen Vorw	Scan Copy Of Declaration Form is Only plif it gay film allowedOdax (SMD)	BARINET DECLARATION FORM			
	Scan Copy Of Office identity card := Only pair it jpp files disconit/Men 1500)	Choose File No file chosen View	Alive Certificate scan copy with authorized signatory :* Only pill it ypg files ellewed.Max, 13420.	Choose File No file chosen Vic=			
	Scanned copy of original cheque with name mentioned or front page of pass-book with back seal :* Only pair k pg files slowed(Mas 1500)	Choose File No file chosen View		Bengins			
	Are you willing to take Self Contributory top up cover under Group Medi-claim Policy ?	• Yes O No					

+ O O localhost 3563/PRMB/AnnualContribute	onForm2.aspx19RMBID=MTE1ODA%3d&&FY=MjAyNC0yMDI1	00	Q,	\$ 0	1	E
THE CWC/C SUPERAN DENSION FRAME Force APPLICATION FOR REMN Diploid Documents Uploid Documents Uploid Documents Uploid Scan Copy Of Payment receipt ? Obj off kys film allowalthins stats. Scan Copy Of Office identify and ? Obj off kys film allowalthins stats. Scanned copy of original cheque with name mentioned or front page of pass-book with bank seal ?" Obj off kys film allowalthins stats. Are you willing to take Self Contributory top up cover under Group Modi-claim Policy ?" Note: There is no need to subant		EECLANATION FORM				

- a. Upload Scan Copy of Payment receipt (SBI Collect): Mandatory to upload by the User.
- b. Scan Copy of Updated CWC retired Employee identity card: Mandatory to upload by the User.
- c. Living Certificate (Annexure-I) scan copy with authorized signatory: Mandatory to upload by the User.
- d. 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.
- e. The ex-employees who wish to opt for top-up option they have to select 'Yes', otherwise select 'No'.
- f. Top-up policy is open for all new retirees.
- g. After Uploading all the document, Please click on the "**Submit**" Button, to submit the PRMB Application.

4. <u>Top-up Form</u>:

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 Contr	ibutory top up cover under gro	up Medi-claim policy	
Employee Details/Spous	e Detail <i>s</i>		
Applicant :	Retired employees with spouse	Date of Birth Of Shouse :	01 03 2020
Full Address :	1	Mobile No. :	8979567675
Email ID :	1@gnauk.com	Date of retirement/VRS/S	/RS 01-03-2020
Designation(At the time of Retirement) :	1	CPF Code :	03342A
Cadre :	A		
Last place of posting :	1	Last place of Region :	AHMEDABAD
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
Bank Details			
Name Of Bank :	1	Bank A/C No. :	1111111111111
IFSC Code :	11111UOIUOI		
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 PRM	IB Form						
View P	RMB Form						
Applicati	on Status :	Select	¥				
Form Da	te :	DD-MM-YYYY		To Date :	DD-I	ΜΜ-ΥΥΥΥ	
			SEARC	CH RESET			
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.