

**CONTRIBUTORY POST RETIREMENT MEDICARE
SCHEME FOR EXECUTIVES OF COAL INDIA LTD.
AND ITS SUBSIDIARY COMPANIES**

1.0 The scheme shall be known as '**CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES OF COAL INDIA LTD. AND ITS SUBSIDIARY COMPANIES**. This will come into effect from date of notification.

1.1 The scheme is to provide medicare to the retired executives including Board Level appointees of Coal India Limited and its subsidiary companies and their spouses.

2.0 ELIGIBILITY

2.1 The Scheme will apply to the following categories of separated Executives of Coal India Limited and its subsidiary companies:

Executives, who separate from the company on account of retirement on attaining the age of superannuation or are separated by the company on Medical grounds or retirement under Voluntary Retirement Scheme under Common Coal Cadre or Voluntary Retirement Scheme formulated and made applicable from time to time.

2.2 In case of death of a retired executive before becoming member, his/her spouse would be eligible for membership.

2.3 In case of death of the retired executive, who has been availing of the benefits under the Scheme, his/her spouse will continue to avail the benefits under the scheme subject to his/her spouse continuing to meet the terms and conditions of the Scheme.

2.4 The benefits under the scheme would be available to the concerned executive only if the executive concerned and his/her spouse are neither gainfully employed nor availing any medical facilities from or through the Central/State Government/Public Sector Undertaking/Quasi Government Body, either in individual capacity or as dependant .

3.0 BENEFITS

The Medical Benefits to the retired executives and their spouses under the scheme will be admissible for the treatment taken only within India and would be regulated as under:

3.1 Travelling expenses or allowance would not be admitted for journey undertaken for the purpose of obtaining Indoor or Outdoor treatment either for self or spouse.

3.2 Reimbursement of medical expenses for indoor and outdoor treatment will be regulated on the following terms and conditions:-

3.2.1 Indoor Treatment

- a) Reimbursement of Medical expenses incurred for indoor treatment will be allowed, subject to the condition that the treatment is obtained in Government hospitals or other hospitals notified by the Coal India Ltd. or its subsidiaries.
- b) Eligibility for indoor admission will be restricted in the Ward/Cabin as was applicable to him/her at the time of retirement.
- c) The maximum amount reimbursable during the entire life for the retired executives and spouse taken together would be Rs.5 lakh only. In case the membership is limited to single beneficiary the limit would be Rs.2.5 lakhs only.
- d) The limit as indicated at “c” above will, however, not be applicable in case of the treatment of the following diseases-
 - (i) heart disease involving surgical intervention,
 - (ii) cancer,
 - (iii) renal disease; and
 - (iv) paralysis.

3.2.2 Outpatient/Domiciliary Treatment

The amount payable per year for outpatient/domiciliary treatment, for the member and spouse taken together would be equivalent to one month's pension amount of the retired executive concerned. In case of death of the pensioner, the spouse would be eligible for payment of only the amount equivalent to pension that she/he would be receiving. For those retirees not drawing pension having retired long back, a notional amount worked out as equivalent to the pension they would have drawn had they been in service on the date of commencement of the pension scheme shall be payable.

3.2.3 Such of the members who receive medicare in the hospitals/dispensaries of the Company will not be entitled for any payment under the sub-clause 3.2.2 above.

4.0 CONTRIBUTION

Eligible retired executives who intend to avail of benefits under the Scheme shall be required to pay one time contribution of Rs.40,000/-. In case the membership is for single beneficiary the contribution required to be paid would be Rs.20,000/- only. Executives already in service may, however, contribute this amount prior to their retirement in lump sum or in four quarterly instalments of Rs.10,000/- each.

The contribution shall have to be deposited with the Company from where the executive has retired/superannuated.

- 4.1 The membership amount is subject to revision from time to time.
- 4.2 The contribution, as above, shall be payable in advance before availing the benefits of the scheme.
- 4.3 Contribution once paid shall not be refunded.

5.0 PROCEDURE

5.1 An eligible executive, who intends to avail of medical benefits under the scheme shall apply for the purpose to the Head of Executive Establishment Department of Coal India Limited or its subsidiary companies from where he/she has retired along with membership amount. Such executives will have option to get medical reimbursement either from the company where from he/she has retired or any other subsidiary company or from the Head Office of Coal India Limited, Kolkata. The retired executives settled in the region of North Eastern Coalfields will be served from the office of the Chief General Manager or Head of the North Eastern Coalfields, Margherita. This option shall have to be submitted at the time of making application for becoming a member of the scheme.

He/she will have option of changing the subsidiary company/CIL(HQ) for getting medical reimbursement but not more than two times.

5.2 The Executive Establishment Department will, after scrutiny of the applications and verification of the eligibility conditions, as mentioned in the Scheme, shall duly register the retired executive concerned and issue a Medical Card to him/her (**Annexure-'A'**), which shall permit the beneficiary/beneficiaries to avail the benefits. Intimation to this effect shall also be given to Head of Finance and Chief Medical Services of the Company.

5.3 This will be admitted on receipt of the prescribed amount of contribution from the retired executive. The amount will be remitted by Bank Draft drawn in favour of Coal India Limited or its subsidiary /North Eastern Coalfields as the case may be.

5.4 The Medical Card issued will be valid initially for a period of two years from the date of issue. For continuance of the facility beyond two years would require submission of life certificate for the member and spouse or survivor as the case may be to the establishment from where the benefits are being availed of.

5.5 The Medical Card will be rendered invalid in case of non-fulfilment of eligibility criteria.

6.0 CLAIM

The following procedure will be followed for claiming benefits to the members:

6.1 Payment of Outpatient/Domiciliary Treatment –

The amount payable for outpatient/domiciliary treatment for the member and spouse taken together would be as provided under clause 3.2.2. This will be paid in two equal installments on half yearly basis in July and January every year. In case the first installment becomes due before completion of six months from the date of enrolment, the amount payable would be on pro-rata basis. The claim for payment of first installment would be sent to the Head of the Medical Dept. of concerned subsidiary/CIL Hqrs./NEC as the case may be in the prescribed form at **Annexure-B1** together with a self attested photocopy of pension payment order, who would process the same for payment through the concerned Finance Department. The claim will be settled and payment released within 30 days of submission. The subsequent installment would be released when due subject to the condition stipulated at 5.4 above.

6.2 Reimbursement of charges for hospitalization (Indoor Treatment)

- a) For claiming reimbursement of medical expenditure incurred by the beneficiaries covered under the scheme, the retired executives shall prefer claim on quarterly basis viz. Quarter Ending 31 March, 30 June, 30 September and 31 December to the Head of the Medical Dept. of concerned subsidiary/CIL Hqrs./NEC as the case may be in the form prescribed at **Annexure-B2 & B3** together with a self attested photocopy of the Medical Card. The claims after scrutiny would be processed by the head of Medical Dept. and forwarded to the concerned Finance Deptt. for arranging payment. The claims shall be settled within a maximum period of 45 days from the date of its submission.
- b) Treatment and consequential charges on account of admission to a ward higher than the entitlement, for the period of stay beyond the duration specified in the package deal rates and other charges on account of telephone, cost of cosmetics, toiletries, tonics and other inadmissible items as per Medical Attendance Rules applicable to the working executives will not be reimbursed.

- c) Treatment/surgeries/procedures and room rent as admissible and levied by the concerned Govt. Hospitals or notified hospitals will only be payable.
- d) Wherever package deal rates for certain procedures/surgeries are applicable, the company's liability will be to the extent of such package deal rates only.

6.3 Other conditions –

The Company shall not be liable to reimburse any expenses whatsoever incurred by the retired employee in connection with or in respect to :

- i) Venereal disease, psychiatric treatment, intentional self injury, intemperance or the use of intoxicating drugs or liquor or/and injury, disease or illness directly or indirectly attributable to one or more of these causes.
- ii) Charges incurred for diagnostic or Radiological or laboratory examinations or other diagnostic test not consistent with and incidental to the diagnoses and treatment of any ailment, sickness or injury and not prescribed by Authorized treating Doctor.
- iii) Expenditure on special nursing.
- iv) Expenditure towards cosmetic surgery.
- v) Travelling expenses for outstation treatment.

6.4 Notified hospitals

The hospitals empanelled by CIL and or its subsidiaries would be considered as notified hospitals.

7.0 GENERAL

- 7.1 In case any doubt arises regarding the genuineness or otherwise of the claims preferred by the retired executive, the company reserves the right to direct the beneficiary to present himself/herself before a Medical Board and that no-reimbursement will be made till the recommendation of the Medical Board is received in this regard.
- 7.2 If it is found that there is misuse of the benefits under the Scheme by any beneficiary, he/she may be debarred from the benefits under the scheme.
- 7.3 The company reserves the right to amend, modify or discontinue the scheme, in part or full. Further Chairman, CIL and/or Director (P&IR), CIL is authorised to amend, modify and approve any relaxation of minor nature in the Contributory Scheme of post retirement facility.
- 7.4 In respect of any matter not covered herein, specific reference will be made to Director(P&IR), CIL for clarification.

-: oOo :-



MEDICAL CARD

Registration No./Code _____
(To be filled in by Executive Establishment Department)

Space for affixing Photograph of Retired executive	Space for affixing Photograph of Living spouse
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1. Name of the retired executive and employee number :
2. Name of Spouse :
3. Date of Retirement :
4. Designation at the time of retirement :
5. Scale of pay and basic pay as on the date of retirement :
6. Mine/Establishment/Unit from which retired :
7. Company/Establishment where Registered for Medical benefits under the scheme :
8. No. and date of Draft remitted :
9. Permanent address :
10. Present address :
11. Company opted for claiming reimbursement :

Certified that myself and my spouse are neither gainfully employed nor availing any medical facilities from or through the Central/State Govt/Public Sector Undertaking/Quasi Govt. Body either in individual capacity or as dependent..

Signature
(Retired employee)

Signature
(Spouse)

For office use

Received Rs..... vide Draft No..... dated.....

Date, stamp & signature of receiving officer:

Validity period of the card :

From _____ to _____

Date of issue _____

Signature of Issuing Authority with seal



(see Clause 6.1)

CLAIM FORM FOR PAYMENT OF OUTDOOR TREATMENT EXPENSES

Period of claim : Half year ending 30th June, _____ /31st December, _____

- 1. Name & grade of the retired executive : _____
2. PIS No. : _____
3. Registration No. of Medical Card : _____
4. Amount of pension (Attached photocopy of Pension Settlement Order) : _____
5. Amount claimed : _____
6. Present address at which cheque is to be sent : _____

(To be certified by the retired executive)

I do hereby declare that :

- i) The statements made in the claim are true to the best of my knowledge and belief.
ii) I am a member of Contributory Scheme for Post Retirement Medical Facilities and my Medical Card is valid since _____
iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
iv) The Medical expenses were incurred for self/spouse.
v) I fully understand that the Company may refuse/terminate my membership of the scheme at any time without any notice and without assigning any reasons.
vi) Myself and my spouse are neither gainfully employed nor availing any medical facilities from or through the Central/State Govt/Public Sector Undertaking/Quasi Govt. Body either in individual capacity or as dependent..

Date:

(Signature of the retired executive)

The claim has been scrutinised and recommended for payment of Rs. _____ (Rupees _____) only

Chief of Medical Services

(To be filled in by the Accounts Department)

Claim passed for payment of Rupees (in words) _____ (in figures) _____

Accountant

Sr. A.O./A.O.

Dated:



Contributory Scheme for Post Retirement Medical Facilities for Executives

Annexure-B/2

(see Clause 6.2)

CLAIM FORM FOR REIMBURSEMENT OF MEDICAL EXPENSES INCURRED BY THE RETIRED EXECUTIVE

Name & Code :

Registration of Medical card :

Present address at which the Cheque is to be sent: _____

- | | | | |
|---|---|-------|---|
| 1. Name of the patient | : | _____ | Note: |
| 2. Relationship with the Retired executive | : | _____ | 1) Doctor's prescription and cash memos in original should be attached. |
| 3. Place at which patient fell ill | : | _____ | 2) Receipts of amount claimed should be enclosed. |
| 4. If treatment taken at place rather than place of residence, give reasons | : | _____ | 3) Separate claims should be prepared for each patient and each spell of treatment. |
| 5. Name of the doctor & hospital from where treatment taken | : | _____ | |
| 6. Qualification of the doctor | : | _____ | |

(To be certified by the retired executive)

I hereby declare that :

- i) The statements made in the claim are true to the best of my knowledge and belief.
- ii) I am a member of Contributory Scheme for Post Retirement Medical Facilities and my Medical Card is valid since _____.
- iii) I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
- iv) The Medical expenses were incurred for self/spouse.
- v) I fully understand that the Company may refuse/terminate my membership of the scheme at any time without any notice and without assigning any reasons.
- vi) Myself and my spouse are not availing any medical facilities from or through the Central/State Govt/Public Sector Undertaking/Quasi Govt. Body either in individual capacity or as dependent..

Date:

(Signature of the retired executive/
living spouse in case of death of retired executive)

The claim has been scrutinised and recommended for payment of Rs. _____ (Rupees _____) only

Chief of Medical Services

(To be filled in by the Accounts Department)

Claim passed for payment of Rupees (in words) _____
(in figures) _____

Accountant

Sr. A.O./A.O.

Dated:



Contributory Scheme for Post Retirement Medical Facilities for Executives
(see Clause 6.2)

Annexure-B/3

(DETAILS OF THE AMOUNT CLAIMED)

	HOSPITALIZATION CASE		AMOUNT	
	Rs.	P.	Rs.	P.
1. Consultation fees Date Amount a) b) c) TOTAL 1.			5. ACCOMMODATION CHARGES FOR THE PERIOD FROM: TO: @ Rs.....per day.	
2. INJECTION ADMINISTRATION FEES Date Amount a) b) c) TOTAL 2.			6. SURGICAL OPERATION OR CONFINEMENT CHARGES	
3. MEDICINES PURCHASED FROM MARKET Date Amount a) b) c) TOTAL 3.			7. COST OF MEDICINES	
A. TOTAL (1+2+3)			C. TOTAL (5+6+7)	
4. PATHOLOGICAL/OTHER TESTS Name of the test Amount a) b) c) d) B. TOTAL 4.			TOTAL AMOUNT CLAIMED (A + B + C)	

Date:

(Signature of the retired executive/
living spouse in case of death of retired executive)

DETAILS OF AMOUNT DISALLOWED

Reason

Amount

- 1.
- 2.
- 3.
- 4.

Sr.A.O./A.O.