



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES OF THE SINGARENI COLLIERIES COMPANY LIMITED

1.0 The scheme shall be known as '**CONTRIBUTORY POST RETIREMENT MEDICARE SCHEME FOR EXECUTIVES OF THE SINGARENI COLLIERIES COMPANY LIMITED (CPRMSE-SCCL)**'. This Scheme comes into force with effect from the date of approval accorded by the Board, i.e. **10th June, 2013** and supersedes the facility extended to the retired executives vide Circular No. CRP/PER/C/06/2928, dtd. 30.09.2009.

1.1 The scheme is to provide Medicare to the retired executives including Board Level appointees and their spouses.

1.2 Membership shall be reckoned from the date of Registration under the Scheme.

2.0 ELIGIBILITY

2.1 The Scheme will apply to the following categories of separated Executives:

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 formulated and made applicable from time to time.

Membership under the scheme will not be extended to executives who resign from the services.

The Board Level appointees, who are separated from the Company after completion of the full tenure as per terms of appointment or before, are eligible to become member under the scheme. However, in case of leaving the Company prior to completion of tenure, they are eligible to become member under the scheme after attaining age of superannuation and in case of death prior to superannuation, their spouse may become member, provided they do not get similar facilities either in individual capacity or as dependant in any other PSU. The Board level appointees are eligible for benefit irrespective of the number of years of service put in, in the Company.

2.2 In case of death of a retired executive before becoming member, his/her spouse would be eligible for membership provided the spouse does not get similar medical facilities either as a dependant or in individual capacity.

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 In case any of the retired executive and or spouse is having Medi-claim/Medical Insurance Policy from any Insurance Company in individual capacity for which he/she has to pay premium can continue the said Policy for getting medical benefit.

2.5 The spouse of an executive who dies while in service is eligible for membership provided he/she is not considered for employment on compassionate ground and he/she does not get similar medical facilities either as a dependant or in individual capacity.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

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. In case of ambulatory patient, ambulance charges will be paid in case the ambulance is provided by the empanelled hospitals.
- 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) i) Reimbursement of Medical expenses incurred for indoor treatment will be allowed on actual basis, subject to the condition that the treatment is obtained in Company hospitals, Government hospitals including hospitals under Municipal Corporation and all other PSUs. Besides, Medical expenses will also be reimbursed for treatment undertaken in hospitals notified by SCCL as per actuals or rates applicable and reimbursed to working executives as per NIMS rate or otherwise, whichever is less.

ii) In case of emergency, like Heart attack, accidents, etc., or due to non-availability of empanelled hospitals in a particular town or city, if any retired executive and/or spouse undertake medical treatment in hospitals/nursing homes other than mentioned above, the reimbursement will be admissible as per clause 3.2.1 (a) (i) above. Such payments will be released on case to case basis on obtaining approval of Director (PA&W).

Further in such situations if treatment is received in NABH accredited (National Accreditation Board of Hospitals) or Super Specialty hospital, reimbursement will be restricted to maximum admissible as per clause 3.2.1 (a) (i) above.

However, in case treatment is undergone in Company approved Hospitals or Nursing Homes, reimbursement will be done as admissible as per clause 3.2.1 (a) (i) above.

In case of treatment undertaken in non-empanelled hospitals in non-emergency situations, prior intimation should be given to the Chief Medical Officer, Main Hospital, Kothagudem or ACO/Dy.CMO, Main Hospital, Kothagudem. In all such cases, payment will be released on case to case basis as admissible as per clause 3.2.1 (a) (i) above on obtaining approval of Director (PA&W).

iii) 100% Cashless Treatment shall be permitted at the empanelled hospitals or hospitals notified by SCCL.

iv) However, in case of any inadmissible amount, the same shall be adjusted in future from half-yearly payment or from any other amount payable to the retired executive/spouse as the case may be.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

For the treatment obtained at Company's hospitals by the members/spouses, no charges will be charged from the members/spouses. However, for the purpose of accounting under the scheme, a notional rate of 40% treatment cost will be charged to the retired executive account.

- b) Eligibility for indoor admission will be restricted in the Ward/Cabin as per the following entitlement:

Sl.No.	Entitlement	Grade
01.	Deluxe Room	Retired Board Level Executives & Executives of E9 Grade
02.	Individual Cabin	Retired Executives of E8 & E7 Grade.
03.	Twin Sharing Cabin	Retired Executives – E1 to 6 Grades

- c) The maximum amount reimbursable during the entire life for the retired executives and spouse taken together would be Rs. 25 Lakhs and in case of single membership the limit would be Rs. 12.5 Lakhs. This limit should be applicable in respect of General Diseases only i.e., other than the diseases for which the upper limit is not applicable.

Cost of treatment in OPD of empanelled hospitals would also be permitted and the same will be adjusted against the maximum applicable limit of Rs. 25 Lakhs or Rs. 12.5 Lakhs as the case may be.

- d) No limit will be applicable in case of the treatment of the following diseases:

- (i) Heart and Vascular diseases involving surgical or interventional therapy
- (ii) Cancer
- (iii) Renal disease
- (iv) Paralysis
- (v) AIDS.

The detailed clarification of the diseases for which there is no limit and for which medical treatment will be provided is furnished below:

- i) **Heart disease including surgical Interventions:** This will include (1) Coronary Artery By Pass Grafting (2) Coronary Angioplasty including cost of stent (3) Pacemaker implantation including cost of Pacemaker (4) Any other surgical intervention required for heart disease. Payment may be made as admissible as per clause 3.2.1 (a) (i) above.
- ii) **Cancer:** This will include (1) cost of Chemotherapy taken at home as prescribed by the concerned Oncologist of notified hospital provided the cost does not exceed the cost of Chemotherapy taken at Indoor or Day Care Centre. (2) cost of investigation for follow up treatment of Cancer patient to evaluate progress and metastasis (may be twice in a year or more) based on advice of the concerned Oncologist of the notified hospital. (3) cost of Palliative treatment i.e., end stage treatment of cancer patients at home. Payment may be made as admissible as per clause 3.2.1 (a) (i) above.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

- iii) **Renal Disease:** This will include Peritoneal Dialysis including CAPD (Continuous Ambulatory Peritoneal Dialysis) taken at (1) Indoor i.e. hospital (2) Day Care (3) At home provided the cost does not exceed the cost of Dialysis taken at Day Care or Indoor. Payment may be made as admissible as per clause 3.2.1 (a) (i) above. Organ failure inclusive of transplant and follow up outdoor treatment will also be included.
- iv) **Paralysis:** The term may be defined as “Neurological Disorder” instead of Paralysis. This will include (1) Surgery – Brain & Spine Surgery (2) Cerebra Vascular Accident (3) Cost of Pacemaker in Brain Surgery (deep brain stimulation surgery) (4) Physiotherapy – Payment may be made as admissible as per clause 3.2.1 (a) (i) above. Cost of DBS implants, intrathecal pumps and spinal stimulators cord physiotherapy (both indoor and outdoor/domiciliary) will be reimbursed as admissible as per clause 3.2.1 (a) (i) above.

The cost of treatment for the above diseases shall be dealt separately and the same will not come under the purview of normal limit meant for general diseases.

3.2.2 Outpatient/Domiciliary Treatment

The amount payable per year for Outpatient/Domiciliary treatment would be Rs. 15000/- (Rupees Fifteen thousand) for all the retired executives irrespective of their date of retirement for couple membership i.e., taken together retired executive and spouse and for single membership i.e., either retired executive or spouse, the amount payable per year will be Rs. 7500/- (Rupees Seven thousand five hundred) irrespective date of retirement. Further, in case of couple membership, in the event of death of the retired executive or spouse, the amount payable per year will be reduced to Rs. 7500/- and for the half year in which the death of the retired executive or spouse occurs, payment shall be made on pro-rata basis in respect of the deceased.

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

4.0 CONTRIBUTION:

- a) Executives who have retired before 01.01.1992 would be required to contribute Rs. 10000/- (Rupees Ten thousand only) for self and spouse.
- b) Executives who have retired after 01.01.1992 and before 01.01.1997 would be required to contribute Rs. 20000/- (Rupees Twenty thousand only) for self and spouse.
- c) Executives who have retired after 01.01.1997 and before 01.01.2007 will contribute Rs. 40000/- for self and spouse.
- d) In case of single beneficiary whose benefit will be limited to RS. 12.5 Lakhs, the contribution would be 50% of the amount mentioned against each.
- e) Executives who have retired/retiring after 01.01.2007 will have to deposit an amount equivalent to Rs. 40000/- minus the amount contributed by the employer from 01.01.2007 by way of 4% of basic plus DA per month for the post superannuation medical benefit. For the single beneficiary the amount would be Rs. 20000/- minus the amount contributed by the employer from 01.01.2007 by way of 4% of basic plus DA per month for post superannuation medical benefit.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

f) The executives who will retire after issuance of the order of modification of the scheme will not be required to contribute towards the membership under the scheme as 4% of Basic plus DA per month for post superannuation medical benefit will be contributed by the employer unless the aggregate amount contributed by the employer falls short of Rs. 40000/- in which case the officer shall be required to pay the difference.

g) The contribution shall have to be deposited with the Company.

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 in **Annexure-I (in Duplicate) + one copy of Medical Card (Photographs duly affixed and attested by any of the Executive of SCCL)** for the purpose to the Head of Executive Establishment Cell of Corporate Personnel Department, SCCL, Kothagudem irrespective of the Area from where he/she has retired, along with membership amount. **(Note: Two Photographs each of self, spouse & nominee shall be enclosed for affixing on medical card)**

5.2 The Executive Establishment Cell, Corporate 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 G.M.(F&A), Corporate and Chief Medical Officer of Main Hospital, Kothagudem.

Declaration of nominee is required to be given by the retired executive/spouse, as the case may be, at the time of becoming member under the scheme for submitting the claim in absence of retired executive and/or spouse. In respect of the retired executives who have already become member under the scheme shall submit the name of the nominee separately, if necessary.

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 The Singareni Collieries Company Limited payable at Kothagudem.

5.4 **All the retired executives and/or spouse will have to submit a 'Life Certificate' every year in the month of December.** The 'Life Certificate' may be issued by any one of the following persons:

- i) The Branch Manager of the Bank where the concerned retired executive and/or spouse is maintaining the single-owned Savings Bank Account.
- ii) A Gazetted Officer of Central Government or State Government
- iii) A registered Medical Practitioner
- iv) Any Officer of the company (duly indicating designation and Seal).



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

5.5 The Medical Card will be revalidated on yearly basis on submission of "Life Certificate". **Non-submission of "Life Certificate" will make the medical card invalid.**

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 first half-yearly claim on pro-rata basis of the amount so fixed shall be submitted by the retired executive/spouse as the case may be in **Annexure-B1** Form to Chief Medical Officer of Main Hospital, Kothagudem who would process the same for payment through Finance & Accounts Department, Corporate. The subsequent half-yearly payments for Outpatient/Domiciliary Treatment i.e., 50% of Rs. 15000/- (Rupees Fifteen thousand) or Rs.7500/- (Rupees Seven thousand five hundred) as the case may be shall be released directly by Finance & Accounts department, Corporate and the amount shall be credited to the Savings Bank Account of the retired executive or spouse as per their declaration. The retired executive/spouse while submitting the first claim in **Annexure-B1** Form shall mention the name of Bank and Branch together with Savings Bank Account Number and a copy of the self attested Pass Book copy of the said Savings Bank Account shall also be submitted duly indicating IFSC code of the Bank. The B-1 Form for submitting claim is enclosed accordingly.

The Finance & Accounts department, Corporate shall develop a system of directly crediting the account of the concerned retired executives/spouse for releasing the payments half-yearly for Outpatient/Domiciliary Treatment. So long such system is not developed, A/C Payee Cheque should be issued for releasing payment and the same should be sent to the address of the concerned retired executives/spouse by registered post. The claim will be settled and payment released within 30 days of First 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)

As far as possible, in the empanelled hospitals the payment will be made by the Company directly and there is no need for reimbursement either for OPD or indoor.

However, when the expenses are not paid by the Company then the following procedure will follow:-

- 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 Chief Medical Officer, Main Hospital, Kothagudem 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 Chief Medical Officer, Main Hospital, Kothagudem and



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

forwarded to the Corporate Finance & Accounts Department for arranging payment. The claims shall be settled within a maximum period of 45 days from the date of its submission. (All bills shall be submitted in Original.)

- 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 will be as per Medical Attendance Rules applicable to the working executives and 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 diagnosis 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 SCCL would be considered as notified hospitals. The list of the notified Hospitals shall be uploaded in SCCL website and the retired executives shall follow the same.

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.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

- 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 & Managing Director and/or Director (PA&W) is authorized to amend, modify and approve any relaxation of minor nature in the Contributory Scheme of post retirement facility.
- 7.4 The power to interpret these rules is reserved with the Director (PA&W) and his interpretation will be final.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

APPLICATION FOR MEMBERSHIP UNDER CPRMSE- SCCL

ANNEXURE-I

(To be submitted in Duplicate)

Date: _____

To
The General Manager (Personnel)/EE&RC,
The Singareni Collieries Company Ltd.,
Kothagudem.

Sub: Contributory Post Retirement Medicare
Scheme for Executives of SCCL - Reg.
Ref: Circular No. CRP/PER/C/06/1752,
dated 04.07.2013.

Affix photograph
of self duly
attested by any
executive of SCCL
with Office Stamp

Affix photograph
of spouse duly
attested by any
executive of SCCL
with Office Stamp

Affix photograph
of Nominee duly
attested by any
executive of SCCL
with Office Stamp

Photograph of the
Retired Executive

Photograph of the
Spouse

Photograph of the
Nominee

Dear Sir,

I hereby express my willingness to join the Contributory Post Retirement Medicare Scheme for Executives of SCCL and request that Medical Identity Card may be issued on my name. I am enclosing herewith a Demand Draft obtained from * _____ branch of * _____ Bank in favour of SCCL payable at Kothagudem for Rs. * _____ towards membership amount and necessary particulars are furnished below:

Sl.No.	Description	Details
01	Full Name of the Retired Executive with Surname(for writing on the Medical Card)	
02	E.C. No.	
03	Blood Group of Ex-executive	
04	Date of cessation of the Company's Service (Tick the relevant reason)	Indicate Date:
05	Reason for cessation(Tick applicable)	Superannuation / VRS / Death / MBU (in case of death of ex-executive indicate date of death)
06	Designation & Grade at the time of Cessation of Service	
07	Mine/Dept. & Area from where Retired/VRS/Death/MBU	
08	Name of the Spouse with surname	
09	Date of Birth of spouse	
10	Blood Group of Spouse	
11	Membership Amount paid Rs.	
12	No. & Date of Demand Draft Name of Issuing Bank with Branch name	*
13	Name of the Issuing Bank & Branch	*
14	Full Permanent Postal Address with Telephone and/or Mobile No.	
15	Present Postal Address with Telephone and/or Mobile No.	

Sl.No.	Description	Details
16	Savings Bank A/c No. for payment of Half yearly payment. (SBH Account Only) Name of the Bank with Branch Name/City IFSC Code of the Bank (enclose a copy of Bank Passbook)	
17	Name of the Nominee with relationship (compulsory)	
18	Address of the Nominee with Telephone and/or Mobile No.	
19	Enclose 2 additional Passport size Photographs each of Self, Spouse and Nominee without attestation for affixing on Medical Card	2 Passport size Photographs of self, 2 Passport size Photographs of spouse and 2 Passport size Photographs of Nominee are enclosed without attestation for affixing on Medical Card <u>in addition to the photographs affixed and attested by any executive of SCCL on this form</u>

DECLARATION

1. Certified that myself and my spouse are not availing any medical facilities from or through the Central/State Govt/Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent (applicable for executives who have retired prior to 01.01.07). I will claim medical reimbursement either from SCCL or Insurance Company only but not both.
2. I clearly read and understood the Contributory Post Retirement Medicare Scheme for Executives and I abide by the rules furnished in the said Scheme as modified by SCCL from time to time.
3. I will submit my Life Certificate for every year ending December by 31st January of subsequent year to EE Cell.
4. I will submit Form-B-1 to CMO, MH,KGM on 30th June / 31st December every year for half yearly payment.
5. If it is found that there is misuse of the benefits under the Scheme by me / spouse /Nominee, we may be debarred from the benefits under the scheme in accordance with Clause 7.2 of the Scheme.

(Name and signature of the retired executive)

(Name and signature of the spouse)

(Name and Signature of Nominee)

Place: _____

Date: _____

NB: (i) Application is to be submitted in DUPLICATE with photographs affixed & attested. One copy of Medical Card Progorma with photographs (without attestation).

(ii) Attestation of only TWO photographs each of self, spouse and Nominee affixed on this application should be done by any executive of the Company with Office Seal.

FOR OFFICE USE ONLY

Received Rs. _____ Vide Draft No. _____ dated _____ Of _____
Branch of _____ Bank. Medical Identity Card No. _____ has been issued to the above ex-executive on _____ under CPRMSE.

Checked and found in order.

Signature of Receiving Section Clerk

Signature of Section Officer

Head of Executive Establishment Cell
(Office Stamp)

*Strike-off if not applicable.



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

Regd. Office: PO: Kothagudem Collieries-507101, Khammam Dist. (AP)

Medical Card

Office Copy

Contributory Scheme for Post Retirement Facilities for Executives

Registration No: CPRMSE -

Photograph of the
Retired Executive

Photograph of the
spouse

Photograph of the
Nominee

Photograph of Retired Executive

Photograph of the spouse

Photograph of the nominee

Sl. No.	Description	Details
1.	Name of the Retired Executive	
2.	Employee Code No.	
3.	Date of Birth	
4.	Blood Group	
5.	Name of spouse & Date of Birth	
6.	Blood Group of Spouse	
7.	Date of retirement / BMU/Death	
8.	Design. at the time of Retirement	
9.	Scale of pay and Basic pay as on the date of retirement/BMU/ Death	
10.	Mine/Department & Area from where Retired/BMU/Died	

P.T.O



THE SINGARENI COLLIERIES COMPANY LIMITED
(A Government Company)

11.	No. and date of D.D. remitted	
12.	Name of the Issuing Bank	
13.	Permanent Address with Pin Code, Telephone and/or Mobile No.	
14.	Present Address with Pin Code, Telephone and/or Mobile No.	
15.	Name of the Nominee, if any with Address & Mobile No.	

Declaration

Certified that myself and my spouse are not availing any medical facilities from or through the Central/State Govt/Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent (applicable for executives who have retired prior to 01.01.07)

(Signature of Retired Executive) (Signature of the Spouse) (Signature of the nominee)

(For Office Use)

Received Rs. _____ Vide Draft No. _____ dated _____

Of _____ Branch of _____ Bank.

Date: _____

Signature of receiving Staff

Signature of receiving Officer

Validity Period of the Card - From _____ To _____

Date of Issue: _____

Signature of Issuing Authority with seal

Note: Please preserve this Card Carefully. Duplicate card will not be issued.



THE SINGARENI COLLIERIES COMPANY LIMITED
(A Government Company)

Annexure B1

Contributory Scheme for Post Retirement Medical Facilities for Executives (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/spouse :
2. Employee Code No. :
3. Registration No. of Medical Card :
4. Fixed Amount for Outdoor/Domiciliary treatment
Based on date of retirement (Rupees) :
5. Amount Claimed (Rupees/Paise) :
6. Name of Bank and Branch with single-owned
Savings Bank Account Number where the amount
Shall be credited AND Present Address at which
Cheque is to be sent
(Enclose self attested copy of Bank Passbook) :
7. IFSC Code of the Bank Branch :

(To be certified by the retired executive)

- 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 reason.
- vi. Certified that myself and my spouse are not availing any medical facilities from or through the Central/State Govt./Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependent

Date : _____

Signature of the member spouse

Signature of the retired Executive

=====

(For Medical Department Use)

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

Chief Medical Officer

=====

(To be filled in by the Accounts Department)

Claim passed for payment of Rs. _____ Rupees (in words) _____

Staff/Accountant

DGM(F&A)/FM/Dy.FM

Date : _____

G.M.(F&A)



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

Annexure-B2

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

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

Name & Employee Code : _____

Registration of Medical card : _____

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

1	Name of the Patient	
2	Relationship with the retired executive	
3	Place at which patient fell ill	
4	If treatment taken at place rather than place of residence, give reasons	
5	Name of the doctor & hospital from where treatment taken	
6	Qualification of the Doctor	

- Note: 1) Doctor's prescription and cash memos in original should be attached.
2) Receipts of amount claimed should be enclosed in ORIGINAL
3) Separate claims should be prepared for each patient and each spell of treatment.

(To be certified by the retired executive)

I hereby declare that :

- The statements made in the claim are true to the best of my knowledge and belief.
- I am a member of Contributory Scheme for Post Retirement Medical Facilities and my Medical Card is valid since _____.
- I continue to fulfill the conditions of eligibility for availing the benefits under the scheme.
- The Medical expenses were incurred for self/spouse.
- 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.
- 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.
- All the relevant Bills in Original are enclosed with this claim form.

Date : _____ (Signature of the retired executive/Living spouse in case of death of retired executive)

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

Chief Medical Officer

=====

(To be filled in by the Accounts Department)

Claim passed for payment of Rupees (in words) _____

(in figures) _____

Dated: _____

Staff/Accountant

DGM(F&A)/FM/Dy.FM

G.M.(F&A)



THE SINGARENI COLLIERIES COMPANY LIMITED
(A Government Company)

Annexure-B3

Contributory Scheme for Post Retirement Medical Facilities for Executives (Clause 6.2)
(DETAILS OF THE AMOUNT CLAIMED)

	AMOUNT	HOSPITALIZATION CASE	AMOUNT	
1. CONSULTATION FEES Date: _____ Amount: _____ a) _____ b) _____ c) _____ d) _____ Total.1		5. ACCOMMODATION CHARGES FOR THE PERIOD FROM: _____ TO: _____ @ Rs. _____ per day.		
2. INJECTION ADMINISTRATIO FEES: Date: _____ Amount: _____ a) _____ b) _____ c) _____ d) _____ Total.2		6. SURGICAL OPERATION OR CONFINEMENT CHARGES: _____		
3. MEDICINES PURCHASED FROM MARKET Date: _____ Amount: _____ a) _____ b) _____ c) _____ d) _____ Total.3		7. COST OF MEDICINE: _____		
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 AMOUNTS DISALLOWED				
Reason: _____ Amount: _____				
1) _____				
2) _____				
3) _____				
4) _____				

Chief Medical Officer

Dated: _____

Staff/Accountant

DGM(F&A)/FM/Dy.FM

G.M.(F&A)



THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

LIFE CERTIFICATE

To be submitted by Retired Executive & his member spouse

To whom it may concern

This is to certify that Shri _____ son of _____ / Smt _____ wife of _____ residing at _____ is known to me. Shri/Smt _____ is alive at the time of issuing this certificate. This certificate is issued for release of payment for outdoor/domiciliary treatment. The signature of Shri/Smt. _____ is attested hereunder.

Signature of Shri _____ (Member)

Signature of /Smt _____ (Member Spouse)

Signature Attested

Name of the Person Attesting with Designation:

*Signature of Registered Medical Practitioner with Reg. No. OR
Gazetted Officer of Central/State Govt. OR
The Branch Manager of the Bank where the retired Executive/spouse is holding S.B. A/c OR
Any Officer of the company
With Seal /Stamp*

Date: _____

Life Certificate for the Year ending: 12/ _____(indicate year)

Registration No. of Medical Card : CPRMSE/ _____(Indicate Medical Card No.)

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THE SINGARENI COLLIERIES COMPANY LIMITED

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(PLEASE READ THE FOLLOWING INSTRUCTIONS)

Instructions to the Retired Executives who wish to enroll themselves as Members in to the CPRMSE:

01. Please go through the CPRMSE scheme and ensure eligibility criterion before submitting application for membership.
02. Please submit the Annexure-I (Application Form) **in Duplicate** (duly affixing Photographs and attested by any working Executive of SCCL with office stamp)
03. Please submit only one copy of Medical Card Form (Annexure-A) along with application. (duly affixing Photographs without any attestation)
04. Please fill all the columns legibly and correctly.
05. Please attach 2 passport size photographs (unattested) each of Retired executive, spouse and nominee additionally for affixing on the Medical Card to be issued from SCCL.
06. Please don't forget to DD for requisite membership amount along with application.
07. After receiving the Medical Card, please don't forget to submit CLAIM FORM FOR PAYMENT OF OUTDOOR TREATMENT EXPENSES every half year on 30th June/ 31st December in Annexure B1.
08. Please don't forget to submit Life Certificate every year on 1st January to EE Cell.
09. Please keep your Medical Card under safe custody as duplicate Medical Card will not be issued in case it is lost.
10. List of empanelled hospitals is placed in SCCL website indicated below.
<http://scclmines.com/exemployees.asp>
11. Please don't misuse the benefits under this scheme lest he/she may be debarred from the benefits under the scheme.
12. Please don't forget to furnish copy of Legible Bank Pass Book, Bank Code, IFSC code along with your bank account number (attach with Membership form and also Form B-1 for half yearly payment).
13. Form B-1 shall be submitted twice every year on 1st July and 1st January, lest Half yearly payment will not be made. (attach with Membership form and also Form B-1 for half yearly payment).
14. The amount required to be contributed by the executives retired after 01.01.2007 is placed in SCCL website <http://scclmines.com/exemployees.asp>.
15. Pay scales statement is furnished below.
16. Please visit website: <http://scclmines.com/exemployees.asp> for updated information on CPRMSE.
- 17. Please furnish SBH Account Only with Bank Code and IFSC Code to get Half Yearly Payments Promptly.**

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THE SINGARENI COLLIERIES COMPANY LIMITED

(A Government Company)

STATEMENT SHOWING THE PAY SCALES IN EXECUTIVE CADRE FROM TIME TO TIME

GRADE	PRIOR TO 1973	ADOPTED CMAL/CIL PAY SCALES FROM 01.04.1973	EFFECTIVE FROM 01.02.1975	EFFECTIVE FROM 01.02.1979	EFFECTIVE FROM 01.08.1982	EFFECTIVE FROM 01.01.1987	EFFECTIVE FROM 01.01.1992	EFFECTIVE FROM 01.01.1997	EFFECTIVE FROM 01.01.2007
E-1	160-15-350	350-25-500-EB-30-800-EB-830-35-900	675-30-1035-40-1235	750-40-1350	1030-50-1380-60-1800-100-1200	2250-100-4150	4000-7150	8600-14600	16400-40500 (E-1)
	170-130-300								
	170-15-200-25-525								
	180-5-205-7-247-10-337								
	200-25-525								
	250-25-525								
E-2	250-25-525-EB-550-30-730	400-400-510-30-600-40-800-EB-50-1250	725-40-1325	800-50-1400	1130-50-1380-60-1800-100-2400	2500-120-3100-130-3750-140-5150	5000-8275	10750-16750	20600-46500 (E-2)
	300-25-525-EB-550-30-730								
	500-25-550-30-730								
	550-30-730								
New E3	New grade introduced in 01.01.2007 Wage Revision								24900-50500 (New E3)
E-3	550-30-730-EB-750-50-1050	800-50-1250	1050-50-1650	1100-50-1700	1680-60-1800-100-2700	3700-140-4400-150-5900	6000-9425	13750-18700	29100-54500 (New E-4)
	750-50-1050								
E-4	750-50-1200	1100-50-1300-60-1600	1350-50-1750	1400-50-1950	2200-100-2900	4600-150-5350-160-6470	7000-9600	16000-20800	32900-58000 (E-5)
	750-50-1000-EB-60-1300								
	1000-60-130								
E-5	----	1300-60-1600-100-1800	1550-601850-75-2075	1600-75-2200	2400-100-3200	5200-160-6000-175-6875	7500-9900	17500-22300	36600-62000 (E-6)
			1600-100-2200	1650-100-2350					
			(SPL.GRADE)	(SPL.GRADE)					
E-6/M-1	1200-75-1500	1600-100-2200	1850-100-2450	1900-100-2500	2700-100-3500	5750-175-7325	8250-10050	18500-23900	43200-66000 (E-7)
	1350-75-1500								
E-7/M-2	1100-60-1400-EB-75-1700	1800-100-2200	2000-100-2500	2050-100-2650	2800-100-3600	6000-175-7400	8625-10275	19475-24275 (Abolished wef 18.07.1998)	----
	1400-75-1700								
E-8/M-2	1600-100-2000	2000-100-2500	2250-100-2750	2500-125-2750	3000-100-3700	6250-175-7475	9000-10500	19500-25000	51300-73000 (E-8) (M2&M3 MERGED WEF 01.01.2007)
	1700-100-2000								
	1800-100-2000								
E-9/M-3	2300-100-2500	2500-100-3000	2550-100-2750-125-3000	2500-100-3000	3500-100-4000	7250-200-8250	9500-11500	20500-26500	
M4	----	----	----	----	----	----	----	----	62000-80000 (E-9)
SCH. 'C'/'B' PAY SCALE	----	----	----	----	----	7500-200-8500	10000-400-12000	25750-650-30950 (SC B scale wef 11.07.2003)	75000 - 1,00,000

* RATE OF INCREMENT IS 4% SUBJECT TO MAXIMUM OF Rs.400/- (W.E.F. 1.01.1992)

** RATE OF INCREMENT IS 4% SUBJECT TO MAXIMUM OF Rs.600/- (W.E.F. 01.01.1997)

*** RATE OF INCREMENT IS 3% OF BASIC rounded off to next Rs. 10/- from 01.01.2007
