

INFORMATION/GUIDELINES TO MEMBERS UNDER CPRMSE

- ❖ **The information of CPRMSE being placed hitherto under Right To information Act in scclmines.com website is now changed to the following place/address in the same website.**
- ❖ **Please login with the link given below to find information on CPRMSE henceforth.**
- ❖ **Website link: <http://scclmines.com/scclnew/ex-employees.asp>**
- ❖ **Please be in touch with this link to get updated information on CPRMSE.**

GUIDELINES ON SUBMISSION OF LIFE CERTIFICATE AS REQUIRED UNDER CLAUSE 5.4 OF CPRMSE:

01. The members may please note that the proforma of Life Certificate is revised recently.
02. Therefore all the members are requested to submit the Life Certificate in the revised proforma on or after 25th December.
03. It may please be noted that the Life certificate submitted by some of the members in the old proforma is not valid. Hence all the members are requested to submit fresh Life Certificate in the Revised proforma (enclosed herewith) on or after 25th of December every year.
04. **The Life Certificate shall be submitted to the General Manager (Personnel)/Executive Establishment & Recruitment Cell, The Singareni Collieries Company Limited, Head Office, Kothagudem-507101, Khammam District, AP either by post or courier service. Use the attached/given proforma of Life Certificate only.**
05. A copy of the Revised Life Certificate is attached herewith.
06. The Medical Card will be revalidated on yearly basis only on submission of "Life Certificate". Non-submission of "Life Certificate" will make the medical card invalid and stoppage of all benefits under the scheme.
07. The 'Life Certificate' may be attested 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 furnishing EC No. and designation with Office Stamp/seal).

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GUIDELINES ON SUBMISSION OF ANNEXURE B1 TO CLAIM AMOUNT PAYABLE FOR OUTPATIENT/DOMICILIARY TREATMENT FOR THE MEMBER AND SPOUSE TAKEN TOGETHER AS PROVIDED UNDER CLAUSE 3.2.2 OF CPRMSE:

01. It is mandatory on the part of the members to submit Annexure-B1 to claim amount payable for outpatient/domiciliary treatment under clause 3.2.2 for the member and spouse taken together as required under Clause 6.1 of CPRMSE.
02. A proforma of Annexure B1 is attached herewith for perusal of members.
03. At present the amount payable half yearly under the CPRMSE is Rs. 7,500/- (for six months period).
04. In case the first instalment becomes due before completion of six months from the date of enrolment, the amount payable would be on pro-rata basis.
05. As none of the members will be completing their 6 months membership period by December 2013, proportionate amount is payable for the present half year ending.
06. Name of Bank and Branch together with branch Code and IFSC Code and Savings Bank Account Number may be furnished clearly/correctly.
07. A copy of the self attested Pass Book of your Savings Bank Account shall also be submitted along with Annexure B1.
08. If wrong account number is furnished and amount is wrongly remitted, company is not responsible for the same. Therefore, it may be ensured that correct account number with Bank Code and IFSC code is furnished.
09. **Annexure-B1 shall be submitted to the Chief Medical Officer of Main Hospital, The S.C.Co. Ltd., Kothagudem-507101, Dist. Khammam (AP)** to process further for payment through Finance & Accounts Department, Corporate.
10. It may be noted that such of the members who receive Medicare in the Company hospitals/dispensaries of the Company will not be entitled for any half yearly payment for outpatient/domiciliary treatment under the sub-clause 3.2.2 of the CPRMSE.
11. **Please furnish SBH Account only with Bank Code and IFSC Code for prompt payment of Half yearly amount towards Domiciliary Hospitalization.**

IMPORTANT POINTS TO BE NOTED BY THE MEMBERS WHILE AVAILING MEDICAL FACILITY

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.
- ❖ 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.
 - ❖ Those executives who retired prior to 01.01.2007 and became members under this scheme now may please note that such of the members / spouse of the members who are availing any medical facilities from or through Central/State Government / Public Sector Undertaking/Quasi Govt. Body or any Medical Insurance Company either in individual capacity or as dependant are not entitled for benefits under this scheme.
 - ❖ **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 in accordance with clause 7.2 of the Scheme.**
 - ❖ To get clarification on medical treatment from the empanelled hospitals/reimbursement of bill for treatment obtained in non-empanelled hospitals, message your query to Additional Chief Medical Officer, Main Hospital, KGM at his mobile No. +919491145018 or mail your queries to the mail id: cms_med@scclmines.com.
 - ❖ To get information on issuing/revalidation medical card, message your query to the Dy. General Manager, EE Cell, Corporate at Mobile No. +919491144024 or mail your queries to the mail id: per_ee@scclmines.com.
 - ❖ To avoid inconvenience in getting treatment from empanelled hospitals, the members are advised to contact office of CMO, KGM before approaching an empanelled hospital for treatment

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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
(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

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(For Medical Department Use)

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

Chief Medical Officer

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(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)