



**THE SINGARENI COLLIERIES COMPANY
LIMITED
(A GOVERNMENT COMPANY)
MAIN HOSPITAL, KOTHAGUDEM-507 101**

CRP/MED/W/ 31/471.

Dt. 02.12.2013.

**G.M. (Personnel)
EE & RC.**

Sub:- Option form for availing the facility of Medicare in
SCCL Hospitals by retired Executives – Reg.

Please find enclosed herewith the proforma of application to be submitted by the retired executives who is a member of CPRMSE FOR AVAILING THE FACILITY OF Medicare in SCCL Company Hospitals.

Kindly arrange to upload the proforma for the information of retired executive & member of CPRMSE.




02/12/13
C.M.O.

CC:

GM (CDN)-Hyd.

ACMO-RKP/DY.CMO All Area Hospitals:- They are advised to continue Medicare only after submission of undertaking.

PM, EE Cell.

**OPTION FORM FOR AVAILING THE FACILITY OF
MEDICARE IN SCCL COMPANY HOSPITALS.
(As Per Clause 3.2.3 of CPRMSE)**

TO,
THE CHIEF MEDICAL OFFICER,
SCCL – KOTHAGUDEM.

(Through ACMO / DY.CMO – AH - _____)

I the undersigned a member of CPRMSE would like to receive medicare from Company hospitals at **KGM/RG/SRP/RKP / BPA** (Strike out other than the opted Hospital). **I am aware that I am not entitled to receive the amount payable under 3.2.2.** of the Scheme and also aware that for OP & IP treatment obtained at Company's Hospitals a notional rate of **40%** treatment cost will be charged to my account under the Scheme.

The option exercised by me is final and I will not submit any request in future to revoke the same during my life time.

In view of the above, it is requested to extend the facility to receive medicare to me & my spouse at _____.

Thanking you,

Yours faithfully,

(_____)

Designation :- Ex –

E.C.No. :-

Medical Card No.:-

Signature of Spouse of Ex-Employee.

Encl: Copy of Medical Card issued to me is enclosed

Date :

Place :