

**OPTION FORM FOR CHANGING OPTION FROM AVAILING THE FACILITY
OF MEDICARE IN SCCL COMPANY HOSPITALS TO OPD RE-IMBURSEMENT.
(As Per Clause 3.2.2 of CPRMS-E Scheme)**

Date: /12/2020

TO
THE GM (PERSONNEL),
WELFARE & CSR,
SCCL-KOTHAGUDEM.

SIR,

I the undersigned a member of CPRMSE has earlier opted to receive the Medicare Facility from Company hospitals/ Dispensaries at KGM/RG/SRP/RKP/BPA (strike out other than the opted Hospital). Now I am opting to receive the payment of Rs36,000/- per annum (@Rs.18,000 for every six months) under Clause 3.2.2, (i.e towards Outpatient/Domiciliary Treatment) under the CPRMS-E scheme from 01/01/2021 onwards, in-lieu of availing medicines/medicare in the company hospitals in accordance with the Circular No. CRP/PER/C/2020/2660, Dtd.09.12.2020. I am aware that, I has to submit duly filled in B-1 form to CMO, SCCL, KGM for receiving half yearly OPD Re-imburement from 01.07.2021 onwards, as per the CPRMS-E Scheme.

This Change of option exercised by me is final and I will not submit any request in future to revoke the same.

In view of the above, it is requested to arrange to extend the above facility to receive the amount payable under 3.2.2 of the CPRMS-E scheme to me and my spouse.

Thanking you,

Yours faithfully,

(Signature of Spouse)

Spouse Name :
Mobile no:

(Signature of Ex-Executive)

Name :
Designation:
E.C. No. :
Medical Card No:
Mobile no :

Enclosures: .1.Copy of Medical Card issued to me
2.Self-Attested copy of Single Savings Bank account of SBI only of CPRMS Member

Note: The CPRMS member along with spouse has sign this form & with above two enclosures and forward the hard copies to "THE GM (PERSONNEL), WELFARE & CSR, SCCL, KOTHAGUDEM (POST & DIST), PIN 507101, TELANGANA" by post on or before 31/12/2020.

