No.IWAI/Fin/07/2012                                                              Dt. 11.03.2013

CIRCULAR

Inland Waterways Authority of India in its 147th meeting held on 21.02.2013 has approved extension of Medical Reimbursement Facility to the retired/retiring pensioners of IWAI as per Central Government Medical Attendance Rules (CGMAR).

The guidelines along with relevant formats are enclosed for your immediate attention. In case, you are interested in availing medical reimbursement facility, you are required to submit the willingness form together with one time contribution by Demand Draft addressed to Sr. Accounts Officer, IWAI, Head Office, Noida by not later than 31st July, 2013.

(S. Jayaraman)
Executive Director (Fin)

To

All Pensioners by name (As per list attached)

C.C: Regional office, Patna, Kolkata, Guwahati & Kochi with advise to peruse the guidelines and to process the Medical claims after receipt of willingness & contribution from SAO at Head Office, Noida.
Guidelines For Medical Reimbursement Facility For Retired/Retiring Employees Of IWAI

At the 147th Meeting of the Authority held on 21st February 2013, the medical reimbursement facility has been extended to the retired/retiring employees of IWAI as is being provided to the serving employees. The Authority is following Central Govt. Medical Attendance Rules for reimbursing medical expenses incurred by the serving employees of the Authority. Now the same has been extended to the retired/retiring employees subject to completion of formalities as detailed hereunder:

For availing Medical reimbursement facility, the retired/retiring employees have to give willingness in the prescribed form together with Lump-sum payment equivalent to 120 months contribution as prescribed in CGHS scheme for the retired category by way of bank draft in the name of "IWAI-Fund" payable at Noida/New Delhi. The reimbursement facility will start after receipt of Lump-sum contribution. The format of Willingness along with details is enclosed as 'Annexure – A'.

As of now, the deduction under CGHS Scheme is as under:

<table>
<thead>
<tr>
<th>Grade Pay</th>
<th>Rate of monthly Contribution (in Rs.)</th>
<th>One time contribution (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Rs.1,650</td>
<td>50</td>
<td>6,000</td>
</tr>
<tr>
<td>Rs.1,800, Rs.1,900, Rs.2,000, Rs.2,400 and Rs.2,800</td>
<td>125</td>
<td>15,000</td>
</tr>
<tr>
<td>Rs.4,200</td>
<td>225</td>
<td>27,000</td>
</tr>
<tr>
<td>Rs.4,600, Rs.4,800, Rs.5,400 and Rs.6,600</td>
<td>325</td>
<td>39,000</td>
</tr>
<tr>
<td>Rs.7,600 and above</td>
<td>500</td>
<td>60,000</td>
</tr>
</tbody>
</table>

The Medical reimbursement in a financial year (April-March) in case of outpatient treatment will be restricted to one month's basic pay of a retired employee as drawn at the time of retirement and as revised after 6th Pay Commission.

The retired employee has to submit reimbursement claim in the prescribed form as at 'Annexure – B' together with Doctors prescription, original chemist's bill duly certified by concerned Doctor, original bill for investigation, as prescribed by the Doctor. The cost of medicines will be reimbursed after verifying admissibility Central Govt. Medical Attendance Rules.
In case of in-patient treatment, hospital should certify all the bills with essentiality certificate in form 'B' 'Annexure - C'. For in-patient treatment (Hospitalization), reimbursement will be as per admissibility and entitlement under CGHS Rules/Rates. In case pensioner opts to avail the above medical facility as mention above, the current medical allowance of Rs.300/- per month paid with the pension amount will be discontinued immediately.

As per Central Govt. Medical Attendance Rules (CGMAR), the claim has to be submitted within three months from the date of the bill to the concerned office as opted by the retired employee.

For availing the above facility, all the retired employees have to provide the details of family/dependants in the prescribed form in 'Annexure - A' with all enclosures addressed to Sr. Accounts Officer, Finance Division, IWA, Head Office, A-13 Sector-1, Noida - 201301 latest by 31st July, 2013. The retired employee may claim reimbursement from IWA at Noida/Patna/Kolkata/Guwahati/Kochi offices, as per option mentioned in his willingness form. The scheme will remain open from 01 April, 2013 till 31st July, 2013 (i.e. 4 months). If no option willingness alongwith the CGHS contribution is received from pensioner within this period, it will be presumed that the pensioner will not join this scheme. Any application, there after (i.e. after 31st July, 2013) will not be entertained. Details of family as defined in subject 4 u/s 16 of CGMAR Rules will be strictly followed. (Copy enclosed as Annexure - E).

The concerned field offices have to ensure/verify the details of family/dependants and willingness form provided by the retired employee as per Central Govt. Medical Attendance Rules while processing the Medical reimbursement claims.

All the field offices have to follow the above guidelines and reimburse the claims of retired employees within 15 days from the date of submission of the bill complete in all respects through RTGS in their Bank Account as per details in format as 'Annexure - D' provided by retired/retiring employee. This facility will be extended with effect from 01.04.2013 on receipt of willingness and contribution from retired/retiring pensioners.
Willingness Form For Retired/Retiring Employee For Availing Medical Reimbursement Facility of IWAI

1. Name of the Pensioner:
2. Designation:
3. Present Address:
4. Date of retirement:
5. Pay Scale at the time of retirement:
6. Last Basic Pay in the PPO:
7. Pension payment order (PPO) no. (Photocopy of PPO to be enclosed)
8. Regional/Head Office where reimbursement to be claimed: Noida/Patna/Kolkata/Guwahati/Kochi
   (strike off whichever is not applicable)
9. Details of family/dependant along with proof of Age:
   (As defined in CGMAR Rules)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Relation</th>
<th>Age with Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. I __________ hereby opt/do not opt to avail medical reimbursement facility.

11. I __________ hereby certify that none of my dependents including self are employed or having any other source of income.

12. I __________ will pay Rs. __________ towards CGHS contribution for 120 months.

13. Details of Cheque/Draft:
    Cheque/Draft no. __________ issuing bank __________ date __________ payable to IWAI-Fund at Noida/New Delhi.

   (Signature of Pensioner)

   (To be filled by bank where pension is disbursed)

   I __________ hereby verify that the above part are true to my knowledge.
भारतीय अंतर्दर्शीय जलमार्ग प्राधिकरण
INLAND WATERWAYS AUTHORITY OF INDIA
मुख्यालय: ए-13, सेक्टर-१, नौएडा-201301 (उ. प.)
Head Office: A-13, Sector-1, Noida-201301 (U.P.)

चिकित्सा प्रतिपूर्ति का आवेदन - पत्र

1. कर्मचारी का नाम एवं पद विभाग  
   (रङ्ग अख्तरों में)  :

2. मूल वेतन :  (रू.)

3. कर्मचारी का मुख्यालय स्टेशन एवं स्थानीय  
   आवासीय पता :

4. रोगी का नाम / कर्मचारी के साथ संबंध :

5. वह सीता जहाँ रोगी बीमार हुआ  
   (यदि 3 और 5 मिनट हैं तो कारण लिखे)

6. परामर्श लिए गए चिकित्सा अधिकारी का  
   नाम और पता :

7. अम्लपत्रित राशि के ब्यौरे  
   (1) परामर्श शुल्क  
   परामर्श की तिथि  
   कलेक्टर / आवास  
   दिया गया शुल्क

   (2) इन्जेक्शन चार्ज  
   तिथि इन्जेक्शनों की संख्या  
   दवाओं का नाम  
   दिया गया शुल्क

   (3) सर्वातिक परीक्षणों के लिए चार्ज  
   परीक्षण की प्रकृति  
   रस्तीद संख्या और तिथि  
   दिया गया शुल्क

(4) अन्य चार्ज (रस्तीद और वाहन)  
   द्वारा प्रमाणित) वाजार से खरीदी गई  
   रस्तीद संख्या  
   तिथि  
   राशि
अम्मादी हारा घोषणा

मैं .................................................. एनड हारा प्रमाणित करता हूँ कि —

( क ) अध्ययना में दिए गए विवरण मेरी जानकारी और विवेक मे सत्य है।

( ख ) ये व्यक्ति जिनके लिए चिकित्सा पर व्यय किया गया है ये मेरे परिवार के सदस्य हैं जैसा कि मेरी सेवा पत्रिका मे घोषित है।

( ग ) ये व्यक्ति जिनके लिए अम्मादी की गई है ये वास्तव मे मेरे पर आमंत्रित है और इसमें विवाहित पुरुष भी शामिल नहीं हैं और पुत्र एवं अविवाहित महिलाएं अंशाकालिक रूप से नियोजित नहीं हैं।

( घ ) ये व्यक्ति जिनके लिए चिकित्सा प्रतिपूर्ति अध्यर्थित है ये के 0 सा 00 या अन्य किसी चिकित्सा सुविधा के अन्तर्गत नहीं आते हैं।

( ढ ) मैं अंकेक्षण जोर से अवधि के दौरान पाई गई आधिक / गलती से अदा की गई राशि को वापस लौटाने का भी भवन देता हूँ।

( च ) मेरे माता-पिता जिनके लिए अम्मादी की गई है साधारणतः मेरे साथ रह रहे हैं और उनकी मासिक आय अधिकतम निर्धारित 1000 / -- प्रतिमाह से ज्यादा नहीं है।

( जो लागू नहीं उसे काट दें )

दिनांक : 

कर्मचारी के हस्ताक्षर

कार्यालय के प्रयोगार्थ

दिनांक : चिकित्सा व्यय की प्रतिपूर्ति के बावजूद रू 0 ( ) का बलम पार किया गया।

सहायक जॉयचर्ट अनुमोदक

प्राप्त किए रूपए ...

हस्ताक्षर
ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

Under Central Service (Medical Attendance) Rules
(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to
Mrs./Mrs./Miss. __________________________ wife/son/daughter of
Mr. __________________________ employed in the __________________________

1. Dr. __________________________ hereby certify ____________

(a) that the patient was admitted to hospital on the advice of __________________________ (name of the Medical Officer) on my advice:
(b) that the patient has been under treatment at __________________________ and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the __________________________ (name of the hospital) for supply to private patients and do no include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparation which are primarily foods, toiletries or disinfectants:

<table>
<thead>
<tr>
<th>Names of medicines</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ________________</td>
<td>________________</td>
</tr>
<tr>
<td>2. ________________</td>
<td>________________</td>
</tr>
<tr>
<td>3. ________________</td>
<td>________________</td>
</tr>
<tr>
<td>4. ________________</td>
<td>________________</td>
</tr>
</tbody>
</table>

(c) that the injections administered were/were not for immunizing or prophylactic purposes:

(d) that the patient is/was suffering from __________________________ and is/was under treatment from ________________ to ________________
(e) that the X-ray, laboratory test etc., for which an expenditure of Rs.__________was incurred was necessary and were undertaken on my advice at____________________________ (name of the hospital or laboratory);

(f) that I called on Dr._________________________ for Specialist consultation and that the necessary approval of the __________________________Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained

PART-B

I certify that the patient has been under treatment at the_______________________________ hospital and that the service of the special nurses for which an expenditure of Rs.__________was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient

Signature and Designation of the Medical Officer in charge of the case at the hospital

COUNTERSIGNED
Medical Superintendent
Hospital

* I certify that the patient has been under treatment at the hospital and that the facilities provided were the minimum which were essential for the patient's treatment

Place:

Note: Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

* The minimum facilities certificate may be signed either by the Medical Superintendent of the Hospital concerned or by another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.
DETAL OF BANK ACCOUNT FOR RELEASE OF PAYMENT THROUGH
ELECTRONIC FUND TRANSFER SYSTEM

MY BANK ACCOUNT DETAILS ARE FURNISHED AS BELOW:-

I ___________________ (Name of the Pensioner) hereby request you to give
medical reimbursement crediting my bank account by E-payment mode as per account
details given below. I hereby undertake to intimate IWAI in case of any change in
particulars given below and will not hold IWAI responsible for any delay/default due to
any technical reasons beyond IWAI's control:-

Bank Account Number : ___________________

RTGS/NEFT/IFSC Code : ___________________

Name of the Bank : ___________________

Address of the Branch of the Bank : ___________________

Branch Code : ___________________

Account Type
(Saving/Current/Others) : ___________________

A BLANK CHEQUE (CANCELED) IS ENCLOSED HEREWITH

I hereby declare that the particulars given above are correct and complete. If the
transaction is delayed or credit is not affected at all for reasons of incomplete or
incorrect information, I would not hold IWAI responsible.

(Signature of Pensioner)

Date:

______________________________

BANK CERTIFICATION

It is certified that above mentioned beneficiary holds a bank account
no. ___________________ with our branch and the bank particulars mentioned above
are correct.
**Definition of Family**

**General Conditions:** The term ‘family’ for the purpose of the Central Services (Medical Attendance) Rules, 1944, shall mean a Government servant’s wife or husband, as the case may be, and parents, sisters, widowed sisters, widowed daughters, minor brothers, children, stepchildren divorced/separated daughters and stepmother wholly dependent upon the Government servant and are normally residing with the Government servant.

**Note-1:** A member of the family is treated as dependant only if his/her income from all sources including pension and pension equivalent of DCRG benefit and exclusive of Dearness Relief on pension sanctioned after December, 1995 and Dearness Pension sanctioned from 01.04.2004 is less than Rs.1,500 p.m. The condition of dependency both in the case of the husband or the wife of the Government servant has been dispensed with.

**Note-2:** The residential condition for members of families of a Government servant having been waived, family members may have medical attendance and treatment even if they do not stay with the Government servant.

**Age-limits of dependant son/daughter:**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Relation &amp;</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>Son</td>
<td>Till he starts earning or attains the age of 25 years or gets married, whichever is earlier.</td>
</tr>
<tr>
<td>(ii)</td>
<td>Daughter</td>
<td>Till she starts earning or gets married, irrespective of the age-limit, whichever is earlier.</td>
</tr>
<tr>
<td>(iii)</td>
<td>Son suffering from any permanent disability of any kind (physical or mental).</td>
<td>Irrespective of age-limit.</td>
</tr>
<tr>
<td>(iv)</td>
<td>Dependent divorced/abandoned or separated from their husband/widowed daughters and dependent unmarried/ divorced/abandoned or separated from their husband/widowed sisters.</td>
<td>Irrespective of age-limit.</td>
</tr>
<tr>
<td>(v)</td>
<td>Minor brother(s)</td>
<td>Up to the age of becoming a major.</td>
</tr>
</tbody>
</table>

This order will take effect from the date of issue of the Office Memorandum.