No.IWAI/Fin/07/2012

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.

c.c: A. Secretary (Noida) (for information & forwarding to cc

[Signature]
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 aid 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, IWAI, Head Office, A-13 Sector-1, Noida - 201301 latest by 31st July, 2013. The retired employee may claim reimbursement from IWAI 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 along with 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.
At the 147\textsuperscript{th} Meeting of the Authority held on 21\textsuperscript{st} 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 Kolkata/New Delhi. The reimbursement facility will start after receipt of Lump-sum contribution. The format of Willingness alongwith 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</td>
<td>125</td>
<td>15,000</td>
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<tr>
<td>Rs.2,800</td>
<td></td>
<td></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 6\textsuperscript{th} 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 per Central Govt. Medical Attendance Rules.
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>
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<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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</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.