

कोल इण्डिया लिमिटेड

10, नेताजी सुभाष रोड, कलकत्ता-700 001

फोन : 220-9980, ग्राम : कोलइण्डिया

टेलिक्स : 21-7180, सीआईएल इन



Coal India Limited

10, NETAJI SUBHAS ROAD, CALCUTTA-700 001

PHONE : 220-9980, GRAMS : COALINDIA

TELEX : 21-7180 CIL IN

No. CIL/ C5C/CPRMSE/144

Date: 30.10.2009

Office Order

In pursuance of the approval accorded by CIL Board in its 251st Meeting held on 9th September, 2009 vide Item No. 251: 4(K) as communicated by Company Secretary, CIL vide letter No. CIL:XI(D):04112:2009:1028 dated 6.10.09, certain modifications in the Contributory Post Retirement Medicare Scheme for Executives of CIL and its Subsidiary Companies (CPRMSE) have been incorporated which is enclosed separately as **Annexure X**.

Further as approved by the Competent Authority, modifications have also been incorporated in the Annexure A Form (Medical Card) of the above mentioned Scheme keeping in view that declaration of nominee is required to be given by the concerned retired executive/spouse as the case may be at the time of becoming member under the Scheme for submitting the claim in absence of retired executive and/or spouse. The modified Annexure A Form (Medical Card) is also enclosed. In respect of the retired executives who have already become member under the Scheme shall submit the name of nominee separately, if necessary.

The modifications of the Scheme will be given immediate effect and accordingly all the subsidiary companies are requested to take suitable action based on the modifications approved by CIL Board.

The other terms and conditions of the above mentioned Scheme issued vide CIL's letter No. CIL/C-5B/IR/Post Retirement Medical/96 dated 25.04.2008 will remain unchanged and the company reserves the right to further amend, modify or discontinue the Scheme, in part or full.

Encl. As stated

(A.K. Verma)
Chief General Manager (Welfare)

Distribution:

Directors - Finance/Technical/P & IR/Marketing – CIL, Kolkata
CMDs – ECL/BCCL/CCL/WCL/SECL/NCL/MCL/CMPDIL
Directors – Personnel/Finance - ECL/BCCL/CCL/WCL/SECL/NCL/MCL
Director (Tech.)/(Operation) - CMPDIL
CVO, CIL, Kolkata
E.D. – IICM, Ranchi
CGM/TS to Chairman, CIL, Kolkata,
C.G.M. (Finance) , CIL, Kolkata
C.G.M., NEC
CGM, CIL, New Delhi
Chief of Medical Services - ECL/BCCL/CCL/WCL/SECL/NCL/MCL
T.S. to Director (P & IR) CIL, Kolkata
I/C GM, CCL
CPM (EE), NCL
Dy CPM (EE), SECL, ECL,
Dy. CME (EE), WCL
HOD (EE) –BCCL
PM (Welfare), MCL,
Estate Manager (W), CMPDIL ,
Medical Supdt., CIL, Kolkata, All RSMs, RSOs, CIL

Annexure - X

Modifications of the Contributory Post Retirement Medicare Scheme for Executives of CIL and its Subsidiary Companies as approved by CIL Board in its 251st Meeting held on 9th September, 2009.

| Clause | Existing Provision | Modifications approved by CIL Board |
|----------|--|--|
| 2.4 | The benefits under the scheme would be available to the concerned executive only if the executive concerned and his/her spouse are neither gainfully employed nor availing any medical facilities from or through the Central/State Govt./Public Sector Undertaking/Quasi Govt. Body, either in individual capacity or as dependant. | <p>The executives who have retired prior to 1.01.2007 will have to give a declaration that he/she is not availing any medical facilities/obtaining cash compensation in lieu of medical facilities from or through the Central/State Government/Public Sector Undertaking/Quasi Government Body/Private Sector or any Insurance company either in individual capacity or as dependant.</p> <p>The executives who have retired/retiring after 01.01.2007 are exempted from furnishing any such declaration.</p> |
| 3.2.1 a) | <p>Indoor Treatment: Reimbursement of Medical expenses incurred for indoor treatment will be allowed, subject to the condition that the treatment is obtained in Government hospitals or other hospitals notified by CIL or its subsidiaries.</p> | <p>a) Cashless treatment shall be permitted at the Government hospitals or hospitals notified by CIL and its subsidiaries to the extent of 80% of the estimated cost to be furnished by the concerned hospital in respect of those diseases for which the limit of Rs.5 lakhs is not applicable.</p> <p>b) In case of medical treatment for other diseases also, Cashless treatment will be permitted at the empanelled hospitals upto 80% of the estimated cost which will also be restricted to the balance available in the account of the concerned member. While permitting such treatment, the concerned Medical Department, based on the ledger maintained by the respective Finance Department would inform the concerned empanelled Hospitals regarding amount of allowable limit upto which the cashless benefit can be extended.</p> <p>c) For the indoor treatment obtained at Company's hospitals by the members/spouses, the charges will be at a discounted rate of 40% of the charges as applicable for outsiders.</p> |
| 3.2.1 d) | <p>The limit of Rs. 5.0 lakhs or Rs.2.5 lakhs as the case may be will however, not be applicable in case of the treatment of the following diseases:</p> <ul style="list-style-type: none"> i. Heart disease involving surgical intervention ii. Cancer iii. Renal disease iv. Paralysis | <p>AIDS being a disease requiring continuous prolonged treatment, shall be included in the list of those diseases for which the ceiling limit of Rs.2.5 lakhs or Rs.5 lakhs as the case may be, towards treatment cost is not applicable.</p> |

-(2) :-

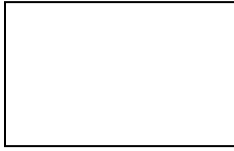
| Clause | Existing Provision | Modifications approved by CIL Board |
|--------|---|---|
| 3.2.2 | <p>Outpatient/Domiciliary Treatment: The amount payable per year for outpatient/domiciliary treatment, for the member and spouse taken together would be equivalent to one month's pension amount of the retired executive concerned. In case of death of the pensioner, the spouse would be eligible for payment of only the amount equivalent to pension that she/he would be receiving. For those retirees not drawing pension having retired long back, a notional amount worked out as equivalent to the pension they would have drawn had they been in service on the date of commencement of the pension scheme shall be payable.</p> | <p>Outpatient/Domiciliary Treatment: The earlier dispensation of Outpatient/Domiciliary treatment based on one month's pension amount will be withdrawn. Instead, the amount payable per year for outpatient/domiciliary treatment henceforth would be Rs. 7500/- (Rupees seven thousand five hundred only) for the executives who have retired on or before 31.12.06 and Rs. 10,000/- (Rupees ten thousand) in respect of the executives who have retired/retiring after 31.12.06. The amount so fixed would be paid in two equal installments, half-yearly i.e. in January and July. However no arrears will be paid or adjustment done on account of such revision.</p> |
| 4.0 | <p>Contribution: Eligible retired executives who intend to avail of benefits under the Scheme shall be required to pay one time contribution of Rs.40,000/-. In case the membership is for single beneficiary the contribution required to be paid would be Rs.20,000/- only. Executives already in service may, however, contribute this amount prior to their retirement in lump sum or in four quarterly instalments of Rs.10,000/-</p> | <p>a) Executives who have retired before 01.01.1992 would be required to contribute Rs.10,000/- (Rupees ten thousand only) for self and spouse. b) Executives who have retired after 01.01.1992 and before 01.01.1997 would be required to contribute Rs. 20,000/- (Rupees twenty thousand only) for self and spouse. c) Executives who have retired after 01.01.97 and before 01.01.2007 will contribute Rs. 40,000/- for self and spouse. d) In case of single beneficiary whose benefit will be limited to Rs.2.50 lakhs, the contribution would be 50% of the amount mentioned against each. e) Executives who have retired/retiring after 1.01.2007 will have to deposit an amount equivalent to Rs. 40,000/- minus the amount contributed by the employer from 1.1.07 by way of 4% of Basic plus DA per month for post superannuation medical benefit. For the single beneficiary the amount would be Rs.20,000/- minus the amount contributed by the employer from 1.1.07 by way of 4% of Basic plus DA per month for post superannuation medical benefit.</p> |

-: (3):-

| Clause | Existing Provision | Modifications approved by CIL Board |
|--------|--------------------|--|
| | | <p>f) The executives who will retire after issuance of the order of modification of the scheme will not be required to contribute towards membership under the Scheme as 4% of Basic plus DA per month for post superannuation medical benefit will be contributed by the employer unless the aggregate amount contributed by the employer falls short of Rs.40000/- in which case the officer shall be required to pay the difference.</p> <p>g) The excess amount deposited by the retired executives as contribution, if any, as per pre-revised scheme for becoming member, shall be refunded by the concerned company, where the amount has been deposited.</p> |

Medical Card
Contributory Scheme for Post Retirement Facilities for Executives

Annexure A



Photograph of the Retired Executive

Photograph of the spouse

Photograph of the nominee if any

Name of the Retired Executive with Employee No. :

Name of spouse :

Date of retirement :

Designation at the time of Retirement :

Scale of pay and basic pay as on the date of retirement :

Company along with /Mine/Establishment/Unit from where Retired :

Company/Establishment where Registered for Medical Benefits under the scheme :

No. and date of Demand Draft remitted with name of the Issuing bank :

Permanent Address :

Present Address with telephone No. :

Name of the nominee with relationship, if any :

Address of the nominee :

Company opted for claiming reimbursement :

Declaration

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 (applicable for executives who have retired prior to 01.01.07)

(Signature of Retired Executive)

(Signature of the Spouse)

(Signature of the nominee)

For office Use

Received Rs.

Vide Draft No.

dated

Date, Stamp & Signature of receiving Officer

Validity Period of the Card

From To

Date of issue

Signature of Issuing Authority with seal

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TELEX : 21-7180 CIL IN

No. CIL/ C5C/CPRMSE/145

Date: 31.10.2009

Office Order

In pursuance of the Office Order No. CIL/C5C/CPRMSE/144 dated 30.10.09 regarding modification of the Contributory Post Retirement Medicare Scheme for Executives of CIL and its Subsidiary Companies (CPRMSE), the amount payable for Outpatient/Domiciliary Treatment is Rs. 7500/- (Rupees seven thousand five hundred) for the executives who have retired on or before 31.12.2006 and Rs. 10,000/- (Rupees ten thousand) in respect of the executives who have retired/retiring after 31.12.2006 and the amount so fixed shall be paid in two equal installments, half-yearly i.e., in January and July of every year.

The first half-yearly claim on prorata basis of the amount so fixed shall be submitted by the retired executive/spouse as the case may be in B 1 Form to Chief of Medical Department who would process the same for payment through Finance department. The subsequent half-yearly payments for Outpatient/Domiciliary Treatment i.e., 50% of Rs. 7500/- (Rupees seven thousand five hundred) or Rs. 10,000/- (Rupees ten thousand) as the case may be shall be released directly by Finance department and the amount shall be credited to the single-owned Savings Bank Account of the retired executive or spouse. The retired executive/spouse while submitting the first claim in B 1 Form shall mention the name of Bank and Branch and single-owned Savings Bank Account Number together with a copy of the self attested Pass Book of the said Savings Bank Account. The modified B 1 Form for submitting claim is enclosed accordingly.

The concerned Finance departments of CIL and subsidiary companies as well as NEC shall develop a system of directly crediting the account of the concerned retired executives/spouse for releasing the payments half-yearly for Outpatient/Domiciliary Treatment. So long such system is not developed, A/C Payee Cheque should be issued for releasing payment and the same should be sent to the address of the concerned retired executives/spouse by registered post. Henceforth all the retired executives and/or spouse will have to submit a 'Life Certificate' every year in the month of December without which payment will not be released. The 'Life Certificate' may be issued 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

This issues with the approval of the Competent Authority.

Encl. As stated

(A.K. Verma)
Chief General Manager (Welfare)

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CGM/TS to Chairman, CIL, Kolkata,
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C.G.M., NEC
CGM, CIL, New Delhi
Chief of Medical Services - ECL/BCCL/CCL/WCL/SECL/NCL/MCL
T.S. to Director (P & IR) CIL, Kolkata
I/C GM, CCL
CPM (EE), NCL
Dy CPM (EE), SECL, ECL,
Dy. CME (EE), WCL
HOD (EE) –BCCL
PM (Welfare), MCL,
Estate Manager (W), CMPDIL ,
Medical Supdt., CIL, Kolkata
All RSMs, RSOs, CIL

Contributory Scheme for Post Retirement Medical Facilities for Expenses (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 :
- 1. PIS No. :
- 2. Registration No. of Medical Card :
- 3. Fixed Amount for Outdoor/Domiciliary treatment Based on date of retirement (Rupees) :
- 4. Amount Claimed (Rupees/Paise) :
- 5. 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 :

(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 retired executive/spouse

The claim has been scrutinized and recommended for payment of Rs.

(Rupees _____) only

Chief of Medical Service

(To be filled in by the Accounts Department)

Claim passed for payment of Rs. _____ Rupees (in words) _____

Accountant _____ Sr. A.O/A.O. _____ Date : _____

