Circular

Sub: Extension of medical Facilities under the Institute Health Scheme to Pensioners/Family Pensioners of the Institute-Reg.

The BOG in its 37th Meeting held on 19th Jan, 2015 has resolved to extend medical facilities to the Pensioners/Family Pensioners of the Institute. The scheme called “Institute Health Scheme” is optional for all the Pensioners/Family Pensioners. Option once exercised is final and it cannot be revoked. Those who want to enroll themselves under the scheme are requested to submit to the Pension Section the prescribed Application Form (Copy enclosed) duly filled in on or before 25th of every month along with two spare copies of stamp size Photograph of themselves and their family members who are dependents. Medical Facilities can be availed of by the Pensioners/Family Pensioners only from 1st of the Month succeeding the month in which the contribution is paid. As a special provision beneficiaries will be allowed to join the scheme upto 20/09/2015 in the month of September 2015 alone and their entitlement period will be reckoned from 1st September 2015.

2. Salient features of the scheme are described in the Annexure to the application form.

3. Registration Fees of Rs.30 and contribution for one year in advance at the following rates may be remitted in the Cash Section of the Institute.

<table>
<thead>
<tr>
<th>Grade Pay * drawn by the Pensioner/Spouse of the Pensioner at the time of retirement</th>
<th>Rate of monthly contribution ₹</th>
<th>Contribution for one year ₹</th>
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<tr>
<td>Upto Rs.1650</td>
<td>50</td>
<td>600</td>
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<tr>
<td>Rs.1800 to Rs.2800</td>
<td>125</td>
<td>1500</td>
</tr>
<tr>
<td>Rs.4200</td>
<td>225</td>
<td>2700</td>
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<td>Rs.4600 to Rs.6600</td>
<td>325</td>
<td>3900</td>
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<tr>
<td>Rs.7600 and above</td>
<td>500</td>
<td>6000</td>
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* For those who retired before 01.01.2006 Grade pay corresponding to the pre-revised pay scale may be adopted for working out the Annual contribution

4. For those pensioners/Family Pensioners who pay at the time of retirement, lumpsum equal to 10 years contribution in advance permanent/whole life IHS Pensioners card will be issued.

5. No pensioners/family pensioners of the Institute will be given OP treatment in NITT Hospital and IP treatment facilities in any of the empanelled hospitals with effect from 1st September 2015 even if they are parents of the existing employees.

6. For In-Patient treatment in empanelled hospitals no advance payment will be given to those Pensioners/family Pensioners who have enrolled themselves under Institute Health Scheme. However the bills for treatment may be submitted to the Main Office for reimbursement as per rules.

7. **Those who opt for the scheme will not be paid the medical allowance.**

8. Introduction of a Group Medical Insurance Scheme for Pensioners/Family pensioners is under the consideration of the Institute. Medical allowance in part or full will be adjusted towards the Medical Insurance premium for Group Medical Insurance as per the provisions of the proposed Insurance scheme in respect of those Pensioners/Family Pensioners who opt for the Group Medical Insurance Scheme and such Pensioners/Family Pensioners will not be entitled to In-patient Treatment under the Institute Health Scheme from the date of their coverage under the Group Insurance Scheme.

9. The Institute Health scheme will be operational from 01st September 2015.

(Approved by the Director)

Registrar

To

All Pensioners/ Family Pensioners
APPLICATION FOR ENROLLMENT UNDER INSTITUTE HEALTH SCHEME

1. Name of the Applicant : 
2. Category : ☐ Pensioner ☐ Family Pensioner ..............
3. Pensioner/Family Pensioner No : 
4. Last Pay (Band + Grade Pay) : ........................................Basic Pension : ....................
5. Residential Address : ........................................................................................................
6. Telephone Number : (R ) ......................................(M) ........................................
7. E-Mail ID : ........................................................................................................................
8. Date of Superannuation : ....................................................................................................
9. Details of Family
   (* Please see definition of family before filling up this column)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of Family Member</th>
<th>Relationship to IHS Card Holder*</th>
<th>Date of Birth # (Compulsory)</th>
<th>Aadhar No</th>
<th>Blood Group (Optional)</th>
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(# Please attach Proof of age of Persons mentioned above)

10. Are all the persons whose names are given above are dependent upon you and are residing with you? Yes/No

{ Please attach proof of their normally staying with you, like copy of ration Card/election ID/Pass Port/identity Card issued by College/School/university/Bank Pass book, etc., }
11. Paste one ID card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name</th>
<th>S.No</th>
<th>Name</th>
<th>S.No</th>
<th>Name</th>
<th>S.No</th>
<th>Name</th>
</tr>
</thead>
</table>

I undertake to intimate to the Institute immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the Institute come to know of the change then the IHS facility is liable to be withdrawn by the Institute and the Institute will be free to initiate any action against me.

I undertake to surrender the IHS card(s) on ceasing to be eligible for IHS benefits.

I am aware that I am not entitled to medical Allowance payable to me monthly if I enroll myself as a beneficiary of the Institute Health Scheme.

I certify that I have read the instructions contained in the Annexure to this application form and that I will abide by the Govt. of India Rules notified from time to time for the extension of medical benefits to the pensioner/Family pensioners.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

Enclosure: - Proof of Residence/Stay of dependents/
Proof of age of son/Disability Certificate
Surrender Medical Book while in service
Attested copies of PPO & Last pay Certificate

Enclosed Institute Cash Receipt No................dated .................for Rs........................................

Signature of Applicant
Certificate to be furnished by MO, NITT Hospital

Certified that the applicant Shri./Ms………………………………………………has surrendered his Hospital Book issued to him/her and his/her family members and that the same have been returned to the Main Office.

Certified that no treatment will be given to the applicant or his/her family members till new hospital book is issued to him/her and his/her family members under the Institute Health Scheme for pensioners/family pensioners.

Sr. Pharmacist

Medical Officer

Verified –by

Supdt/Pension Section

D.R(Accounts)/D.R(Admin)

[valid upto …………………../………………/………………/ For Rest of Life]

For Office Use

Issued Indemnity Cards and Hospitals Books under Institute Health Scheme as detailed below:-

1. Identity Card No : Name of the Beneficiary :
2. Identity Card No : Name of the Beneficiary :
3. Identity Card No : Name of the Beneficiary :
4. Identity Card No : Name of the Beneficiary :

Date of commencement of Enrollment

Valid Upto :

Date of Issue :

D.R(Accounts)
Annexure to the application form for enrollment of Pensioner/Family Pensioner under Institute Health Scheme

Salient Features of IHS

Definition of Family:-

i) Husband / Wife : ...........................................................(First wife only)
ii) Dependent Parents/Step Mother (In case of adoptive & not real parents)
iii) If adoptive father has more than one wife, the first wife only.
iv) A female Pensioner/Family Pensioner has a choice to include either her dependent parents or her dependent parent-in law; option exercised can be changed only once during service.
v) Children including legally adopted children, step children and children taken as wards subject to the following conditions:

<table>
<thead>
<tr>
<th>(i)</th>
<th>Son</th>
<th>Till he starts earning or attains the age of 25 years, whichever is earlier</th>
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<tbody>
<tr>
<td>(ii)</td>
<td>Daughter</td>
<td>Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier</td>
</tr>
<tr>
<td>(iii)</td>
<td>Son Suffering from any permanent disability of any kind (Physical or mental as defined below)</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>Dependent Minor brother(s)</td>
<td>Upto the age of becoming a major,</td>
</tr>
</tbody>
</table>

For the purpose of availing IHS facility for a disabled son above 25 years, please attach a copy of the certificate of disability issued by the competent authority.

Disability: - Will be as DEFINED IN SECTION 2(1) OF THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO: 1 OF 1996) WHICH IS REPRODUCED BELOW:

"DISABILITY MEANS

I) BLINDNESS

II) LOW VISION

III) LEPROCY CURED

IV) HEARING IMPAIRMENT

V) LOCOMOTIVE DISABILITY

VI) MENTAL RETARDATION

VII) MENTAL ILLNESS"
Dependency:

Members of family (other than Spouse) whose income is less than Rs.3500/-+DA per month and are normally residing with IHS beneficiary are treated as dependents.

The following Documents are to be enclosed:

(1) Proof of Residence/Stay of Dependents – (copy of Ration Card/Election ID/Passport/Identify Card issued by College/School/University/bank Pass Book, Etc.)

(2) Proof of age of son

(3) Attested copy of Disability certificate issued by competent authority (in case of dependent son aged 25 and above)

For Pensioners applying for IHS card for the First time the following additional Documents are required:

(4) Self - Attested copy of PPO & last pay Certificate