

Scheme for providing Medical Aid to Pre 01.01.1986 Retirees/their Spouses, who are receiving Ex-Gratia Payment from the Bank

The salient features of the scheme are as under:-

- A sum of Rs.10,000/- per annum (during a financial year) is to be paid as Medical Aid to the Pre 01.01.1986 retirees/their spouses, who are receiving ex-gratia payment from the Bank.

- The payment of the Medical Aid shall be made by the branch from where the retirees/their spouses are receiving ex-gratia payment. The payment will be made on the basis of undertaking submitted by retirees/their spouses, in triplicate, as per Annexure 'A' and it will be paid once in a year by the branch by debiting their Suspense Account.

- The branch(s) would submit the Annexure 'A' in duplicate to their respective Circle Offices and keep the 3rd copy at theirs for their record.

- The Circle Offices will submit the reimbursement claim to PF & Pension Fund Deptt on monthly basis along with one copy of Annexure 'A' after consolidating the claims received from branches under their jurisdiction.

- The reimbursement of Medical Aid will be made by PF & Pension Fund Deptt. to the Circle Offices by debiting the Staff Welfare Account, and on receipt of the same, the Circle Office(s) will make further reimbursement to the branches.

Further, the Board, in its meeting held on 24.09.2015 approved that the Scheme for providing Medical Aid to the pre 01.01.1986 retirees/their spouses, who are receiving ex-gratia from the Bank, be amended and the claim of Medical Aid submitted after the Financial Year be reimbursed as and when claimed after due verification. Previous pending claims, if any, may also be considered for payment.

(HRD Division Cir. Nos. 499 dated 04.08.2008 & 665 dated 15.09.2011 and PF & Pension Fund Deptt. Circular No. 21/2015 dated 06.11.2015 and HRMD Circular No. 646/2022 dated 19.08.2022)

UNDERTAKING
(To be given in triplicate)

I hereby undertake that I have incurred an expenditure of Rs..... during the financial year towards Medical Aid as per the details given below:-

Signature of employee/spouse:

Name of employee:

Name of spouse of employee:

(In case of deceased employees)

PPO No.:

Date of retirement of employee: