



OFFICE MEMORANDUM

No: REC-CO-HR-PRMS-311 -dated 15 February, 2019

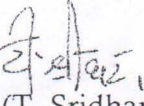
Sub: Revision in format for Post-Retirement Medical Facilities

In continuation to OM No. 279 dated 08.02.2019, the format for declaring dependents for the purpose of post-retirement medical facilities has been revised and enclosed as Annexure-A.

All employees who have superannuated/ demised before the said OM dated 08.02.2019 or dependent beneficiaries of such employees shall submit the declaration in revised format to HR-Establishment desk with requisite subscription charges therein. However, in all such cases benefit arising out of change in declaration/dependents shall be allowed w.e.f. 23.01.2019 and acceptance of revised declaration/s.

Similarly, employees eligible to claim benefit under the said scheme in future shall also submit the declaration in the revised format.

All other Terms & Conditions of the said scheme shall remain unchanged.


(T. Sridhar) 15/2/19
DGM (HR)

Encl.: Annexure-A

To:

1. Secretariat of CMD/Director (Fin.)/Director (Tech.)/CVO/Sr. Executive Director & OSD, REC Ltd.
2. All Executive Directors/General Managers/Company Secretary, REC Ltd.
3. All CPMs/Addl. Director (RECIPMT)
4. GM (IT) – with a request to arrange for uploading the order on intranet & Retired Employees' Portal on REC Website
5. Sr. Executive (Rajbhasha) – with a request for Hindi version of the OM
6. All Notice Boards
7. Office Copy/Master file

REC LIMITED
(A Government of India Enterprise)

CONTRIBUTORY SCHEME FOR POST RETIREMENT MEDICAL FACILITIES

MEDICAL CARD

Space for affixing
Photographs of
beneficiaries

(3 sets-Medical Card)

Registration No. _____

1.	Name of the retired employee and Employee number	
2.	Date of joining REC	
3.	Date of Retirement	
4.	Designation at the time of retirement	
5.	Name of Spouse	
6.	Date of Birth and Age of Employee	
7.	Date of Birth and Age of Spouse	
8.	Name & Date of Birth and Age of dependent Children: #	
	(Male/Female)	
	(Male/Female)	
9.	Date of Birth and Age of dependent Father/Mother:*	
	Father –	
	Mother –	
10.	Blood Group of Employee	
11.	Blood Group of Spouse	
12.	Name & Blood Group of Dependent Children:	
	(Male/Female)	
	(Male/Female)	
13.	Blood Group of Dependent Father/Mother:	
	Father –	
	Mother –	
14.	Scale of pay and basic pay as on the date of retirement	

15.	CO/RO from which retired	
16.	Permanent Address	
	Contact No.	
	Email ID	
17.	Amount of lump sum contribution paid	
18.	Entitlement of Accommodation	
19.	Name of office for submission of medical bills for reimbursement	
NAME OF THE BENEFICIARIES		
(i)		(Retired employee) 60 Age
(ii)		(Spouse) Age
(iii)		Children (Male/Female) Age
(iv)		Children (Male/Female) Age
(v)		Father Age
(vi)		Mother Age
Specimen signature of the retired employee		Signature of the Issuing Officer
Date of eligibility		Designation

FOR OFFICIAL USE

Card issued on.....

Bearing No.....

(Signatory of Issuing Authority)

If the dependent child is a Person with Disability/or with special disease, PwD certificate (with minimum 40% disability) issued by Competent Authority and nature of Special disease certificate issued by/from recognized hospital (As per REC Medical Attendance Rules) should be attached. Age criteria of dependent children other than those of PwD/Special disease category as per REC Medical Attendance Rules.

* Income Certificate/Evidence of Income within the limit as prescribed as per REC Medical Attendance Rules shall be attached.

↓