

 Öß, ÃÖäÏÖÖ-ÖÖ <b>P. SUBRAMANYAM</b> ^Ö ÖÖüÖ ÖÖÖÖü (ÃÖÖÖÖÖ) DEPUTY GENERAL MANAGER(Estt.)	 <ÉäC]ÃöÉÉÉÉÉÉ ÉöÉÖüÉÉÉäÖüüÉÉÉ +Éìö <ÆÉbÉÉÉ ÉÉÉÉ"É]äöb <b>ELECTRONICS CORPORATION OF INDIA LIMITED</b> ÉÉÖüÉÉ ÉÖüÉöÉÖü (ÉÉÖü "ÉÉhÉÖ >ä/ÉÉÉÇ ÉÉÉÉÉ/É) ÉöÉ =t"É <b>A Government of India [DAE] Enterprise</b> <Ç.ÉÖ.+É<Ç.BÉ. bÉÉö PÉÖü, épnüÖüÉÉÉÉü - 500 062 +ÉÆ/É. <b>ECIL Post, Hyderabad 500 062 A.P.</b> nÜüÖüÉÉÉ (ÉöÉ) / Tel (O) 040-27186506 äöCÉ / Fax:040-27162381 <Ç-"ÉäÉ/ e-mail: <a href="mailto:hrpromo@ecil.co.in">hrpromo@ecil.co.in</a>
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ECIL:PG(E):

Dt:2011.05.11

Sir,

Sub : Introduction of "ECIL Employees' Post Retirement Medical Insurance Scheme" for Retired/ Voluntary retired employees – Reg.

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The Management of ECIL has approved introduction of "ECIL Employees' Post Retirement Medical Insurance Scheme" for Retired / Voluntary Retired employees. A separate **account No. 317036 79265** is opened with **State Bank of India, ECIL Branch in the name of "ECIL EMPLOYEES' POST RETIREMENT MEDICAL INSURANCE SCHEME"**. The Salient features of the Scheme are given in the Annexure. The scheme is contributory i.e. 50% b y Management for Retired employees and 40% for Voluntarily retired employees respectively. Accordingly, the premium as worked out on provisional basis by M/s The New India Assurance Co Ltd, based on number of ex -employees who have evinced interest in th e Scheme has been communicated. At present the retired employee has to pay Rs. 7,500/- per annum as his share and voluntarily retired employee has to pay Rs. 9,000/- per annum as his share, for an insured sum of Rs. 2 lakhs for self and spouse on floater basis.

You are requested to go through the salient features of the scheme carefully. If you have already submitted the application form and there are no changes in the details so furnished and interested to join the Scheme, convey your willingness to PG/E at the earliest along with your Bank details viz. Bank Name, A/c No. Branch address (**enclose a photo-copy of 1<sup>st</sup> page of Pass-Book**). If application form is not submitted, you may fill up the enclosed form and send it to PG(Establishment).

You are also requested to **immediately inform the details of payment of above said amount** deposited in the ECIL designated Account given above at SBI, ECIL Branch i.e. Cash/Cheque No/DD No., Date of deposit, Amount paid ( **A photo -copy of counterfoil of pay-in-slip may please be sent/enclosed with the application, in proof of said payment**).

Thanking you,

Yours faithfully,  
For & on behalf of ECIL

To  
Shri/Smt \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(P Subramanyam)

Salient features of ECIL Employees' Post Retirement Medical Insurance Scheme (PRMIS):

Scheme / Title	ECIL Employees' Post Retirement Medical Insurance Scheme
General	The Scheme is purely optional and on contributory basis. .
Eligibility / Applicability	For Self & Spouse of Retired and Voluntary Retired employees between the age of 60 – 75 years for hospitalization. Existing employees on superannuation can join the Scheme immediately but <u>not later than 3 months (Cooling period).</u>
Charges / Contributions	Ex-employees willing to join the Scheme who have superannuated will bear 50% of annual premium amount and voluntary retired will bear 60% of annual premium amount. Balance will be borne by Management. The premium for sum insured of Rs.2 lakhs, on floater basis works out as on date to approximately Rs.15,000/- per annum. The same may undergo change The insured amount can be used by self or spouse during the policy period depending on the need.
Bank A/c No.	A separate Bank a/c No <b>317036 79265</b> is opened at SBI, ECIL Branch for depositing the premium amount by ex-employees as well as to deal with financial transactions by the Committee.
Renewal	The Policy is on annual basis from the date of commencement of Scheme.
Facilities	The Scheme covers all pre-existing diseases, day care treatment in hospitalization under Allopathy, Ayurveda, Homeopathy anywhere in India. However, the same will be admissible only as per Govt. Rules in respect of Ayurveda and Homeopathy on reimbursement basis & as per list provided by Insurance Company.
Reimbursement	The employee has to incur the expenditure initially and seek reimbursement from Insurance Company directly as per their procedure. However, the member can avail cash less facility, if so provided in the hospitals recognized by the Insurance Company. ECIL will not be responsible in this regard.

Withdrawals	Once a member in Scheme, withdrawal is allowed only at the time of renewal and not in between.
Special Provision	<p>In exceptional cases, pertaining to surgeries of Heart, Cancer, Kidney transplantation. Neurological disorders etc., as listed under Sec-80 DDB of Income Tax Act, reimbursement will be allowed by Management for the left over amount over &amp; above the sum insured (i.e. only after reimbursement is made by Insurance Company), as admissible as per ECIL Medical Attendance Rules, as applicable and eligibility as on the date of his/her retirement / VR.</p> <p>In case of death of self or spouse, the policy will continue to be applicable to the surviving member for Rs.2 lakhs. The surviving member has choice to continue or withdraw from the Scheme at the time of renewal only.</p>
Administration	The Scheme will be administrated by the Management. The nomination / removal of members for administration of the scheme shall be at the sole discretion of C&MD or his Authorised Official. . For details / clarifications on Scheme please contact Sr.DGM(R) / DGM(E) / SPO(E) on phone numbers : 27120427 / 27186506 / 27182459

APPLICATION FOR ENROLMENT OF MEMBERSHIP TO “ECIL EMPLOYEES’ POST RETIREMENT MEDICAL INSURANCE SCHEME (PRMIS)”:

1. Name of Applicant (ex-employee) :
2. Code No. Designation, Divn/ Group at the time of separation from ECIL :
3. Sex : Male / Female
4. Date of Birth(Self) (DD-MM-YYYY) :
5. Nature of Separation : Retirement/ VR / Death (for spouse cases only)
6. Date of Separation :
7. Name of the Spouse :
8. Date of Birth of Spouse :
9. Address for communication (Please note that any change in address for communication should be promptly intimated to DGM(E),PG,ECIL,Hyd :
10. Your Bank Name, A/c No., Branch Address :  
**(Enclose photo copy of 1<sup>st</sup> page of pass-book)**
11. E-mail address (if any) :
12. Residential telephone No. / Cell Phone No. :
13. Name of Nominee & Relationship :
14. Whether to be covered for Self/ Spouse/ both :
15. Sum Insured : Rs. 2.00 lakhs
16. Whether the payment is remitted in ECIL A/c No.  
**317036 79265** at SBI, ECIL Branch, if so, Cash/DD/Cheque No. \_\_\_\_\_ dt \_\_\_\_\_  
particulars of DD/Cheque No. Date, Amount for Rs. \_\_\_\_\_/-  
paid etc. may be furnished **(Enclose photo-copy of** :  
**counter-foil of pay-in-slip))**
17. Any other relevant information :

Note: Please enclose **FOUR** separate passport size photographs of self and spouse.

DECLARATION

I hereby declare and certify that the above information given in respect of self and spouse, is true and complete in all respects. I further agree that I am aware of ECIL Employees’ Post Retirement Medical Insurance Scheme (PRMIS) and am joining the Scheme on my free will and volition. I will abide by same as may be amended/modified from time to time. Any change in the above information would be informed to DGM(E) promptly. In case at a later date, if the information is found to be false, I agree to forfeit my membership under the Scheme. I am responsible for payment of yearly premium amount of Rs. 15,000/- or (which may undergo change on year to year basis) as decided by the Management, till the policy is in operation. This yearly premium amount will be paid TWO MONTHS before renewal date.

Date:

\_\_\_\_\_  
Signature of the Applicant

To:Deputy General Manager(E)  
Personnel Group, ECIL PO,  
Hyderabad - 500 062 AP

