

Ref No. 8573-41-PRMCS/EEC

18th March, 2014

Dear Sir/Madam,

Sub: Annual Declaration & Bank Mandate Form-PRMCS

Enclosed please find application forms for Annual Declaration and Bank Mandate Details. You are requested to fill these forms and send to the concerned office from where you are availing the facility of Post Retirement Medical Coverage Scheme, before 15th April. As you are aware, the Annual Declaration Form is required to be sent to the concerned office by 15th April of every financial year. However, the Form for Bank Mandate may be filled once and subsequently when there is a change in the bank details furnished earlier through this Form.

You are requested to kindly take a note of the following also:

1. Filled Form complete in all respect should be submitted by 15th April of every Financial Year. Incomplete Forms will not be accepted. If re-employed after retirement, it is mandatory to attach a copy of the complete set of the Appointment Letter with enclosures, if any. In case it is not complied with, we will be left with no other alternative but to treat the status of the Annual Declaration as "Not Submitted" which may result into stoppage of OPD as well as Hospitalization facility.
2. Please ensure to enclose the copy of a cheque leaf and furnish the complete details (latest 12 digit or more A/C Number) as asked for in the Bank Mandate Form. It is important as, after sometime payment through cheque may not be released by the Accounts Department.

Also, to answer your queries pertaining to hospitalization on emergency in a nominated hospital and to know the status of the reimbursement of your pending OPD claims, given are the names of the concerned officials located at HO-Delhi, who will be pleased to help you:

1. *Mr. SP Kandhar, Dy. Manager	sp.kandhari@eil.co.in	2676-3076	9818662606
2. *Mrs. Sudha Rajwani, Sr. Officer	Sudha.rajwani@eil.co.in	2676-3617	9818686226
3. **Mr. P.K. Agarwal, Acts. Officer	pk.agarwal@eil.co.in	2676-2202	

For your benefit various details pertaining to PRMCS have also been made available on EIL Website which can be accessed through <http://Retdemp.eil.co.in>. Also efforts are being made to provide the facility of filling of Bank Mandate Form on line. **However, hard copy along with the copy of cheque leaf will be required to be sent to the concerned office.**

Thanking you,

Very truly yours


(Asha Malhotra)

In charge Ex-Employee's Cell

Tel. No: 2676-2214

asha.malhotra@eil.co.in

Encl: As above

*For Hospitalisation query
**For Medical Claims query

सर्व शिक्षा अभियान

उत्कृष्टता का आधार - हमारे कर्म

DELIVERING EXCELLENCE THROUGH PEOPLE

फोन : 26102121 (EPABX)
Phone : 26101419 (DISA)

फैक्स / Fax : 91 -11 - 26186245

Visit us at <http://www.engineersindia.com>

हिन्दी देश की एकता की कड़ी है।



ANNUAL DECLARATION FORM FOR MEDICAL FACILITY UNDER PRMCS

(Ref. Circular No.48/2005 & Medical Rules)

(To be filled-in and submitted before 15th April of every Financial Year)

1. Name of the retired employee _____ Status: Living/Expired
2. Ex. Employee No. _____ Level _____ Designation _____
3. Date of Superannuation/Separation _____
4. Re-employment status (as on 1st April of the current FY) * : Yes/No/NA
5. If Yes, please furnish a copy of the **complete Appointment Letter** and provide:
 - a) Name of the Employer: _____
 - b) Date of Employment: _____
 - c) Monthly Income: _____
 - d) Whether getting **any Medical benefits, direct or indirect**: Yes/NO
6. Name of the Spouse: _____ DOB _____ Employed: Yes/NO
7. Is Spouse also availing benefits of EIL's Medical Facility with you: Yes/No

Signature _____ Address: _____
 Mobile No. _____
 Landline No. _____
 E-Mail ID: _____

DATE: _____

NOTE:

1. It is mandatory on the part of every ex. Employee or surviving spouse to fill this Form and submit it to the Ex-employees' Cell, El Bhawan, Bhikaiji Cama Place, New Delhi-66 or to the concerned RO/BO, if availing Medical Facility from other than HO, before 15th April of every Financial Year.
2. Since extension of Medical Facility under PRMCS for OPD & Hospitalization will depend upon the nature of the details furnished through this Form, every concerned person is required to fill and submit this Form to EIL as stated above, failing which the Medical Facility may be stopped.
3. In case of re-employment after retirement, a complete set of Appointment Letter along with enclosures, if any, must be enclosed, failing which the Form's status will be treated as "Not Submitted".
4. Details once furnished by the ex-employee who is employed shall remain unchanged until & unless the change from employment to non-employment (once in FY only) is for more than 6 months in that FY. However, any new enrollment will be taken into a/c for reimbursement of OPD claims, on pro-rata basis only.
5. Any change in the information already furnished must be intimated immediately to the concerned Office.
6. *Retiring employee should fill this Form within 30 days after retirement and give the "re-employment status" details accordingly.

BANK MANDATE FORM FOR EX.EMPLOYEES

(VALIDITY - ANYWHERE IN INDIA)

EMPLOYEE NUMBER : _____

STATUS : RETIRED/RESIGNED/EXPIRED

EMPLOYEE NAME : _____

PLACE OF LAST POSTING : _____

NAME
AS IN PASSBOOK : _____

RTGS/NEFT BANK A/C NO. : _____

BANK IFSC CODE : _____

NAME OF BANK : _____

ADDRESS OF BANK : _____

DATE :

SIGNATURE: EMPLOYEE / SPOUSE

E-Mail _____

Mobile: _____

Please enclose Photocopy of Pass Book OR Cheque Leaf containing name, RTGS/NEFT A/c No., IFSC Code

Verified by :

For NCR Delhi

For other than NCR Delhi

Officer-in-Charge
(Ex-employee Cell - HO) /

(HR – REGIONAL / BRANCH OFFICE)

To,

To,

BANK SECTION – HEAD OFFICE /

F&A SECTION – REGIONAL/BRANCH OFFICE