



**GAIL (INDIA) LIMITED
CORPORATE HR DEPARTMENT**

INTER OFFICE MEMO

No.CO/HR/Pol/P-102

November 20, 2018

From :

Corporate HR- Policy & ER Group
New Delhi

To :

HR and F&A In-charges of Work Centres/
Zonal Offices

Subject: Post-Retirement Medical Scheme (PRMS)- reg

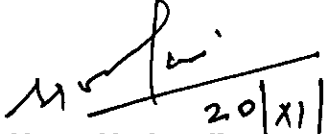
This has reference to Corporate HR Department's Circular of even number dated 28.02.2017 notifying thereby the revised Post-Retirement Medical Scheme (PRMS) of GAIL and IOM No. CO/HR/Pol/P-102 dated 19.06.2018 notifying thereby the revised list of chronic diseases under Post-Retirement Medical Scheme (PRMS). Corporate HR Department has been receiving references from superannuated employees for reviewing certain benefits & provisions under the extant Post-Retirement Medical Scheme (PRMS).

2. Accordingly, consequent upon a review, it has been decided to modify the nomenclature for 'Domiciliary' treatment as already mentioned in the extant PRMS as 'Out Patient Department (OPD)/domiciliary' treatment.
3. Further, only one joint form will be maintained for claiming medical reimbursement for chronic & normal treatments. Accordingly, necessary changes in this regard have been incorporated in existing **Annexure-III** as notified vide Corporate HR Department's Circular of even number dated 28.02.2017 and revised joint form replacing the said **Annexure-III** is enclosed herewith.
4. In addition, following Clauses under extant Post-Retirement Medical Scheme (PRMS) of GAIL stands revised as under:

| Clause No. | Existing Provision | Revised Provision |
|------------|--|---|
| 5.6 | Credit letter will initially be issued for a period up to 7 days only on specific recommendations of CMO. Extension beyond the period of 7 days will further require review by CMO. Any extension beyond a period of 14 days and hospitalisation where the expenses incurred on any one occasion is beyond 2 lac, the same will be put up to ED(HR)/CGM(HR),Corporate Office for information with a brief of the case by CMO | In case of hospitalization, credit letter may be initially issued for a period up to 7 days only by the concerned HR In-charge on recommendation of attending doctor/GAIL doctor (wherever posted) which may be extended further up to 7 days. In case of any extension beyond a period of 14 days the same may be allowed with the approval of OIC. Cases where the expenses incurred on any one occasion is beyond Rs.5 lacs, information on the same may be forwarded to Head of Corporate HR Department by the concerned HR Department. |

| | | |
|-------|--|---|
| 9.4.1 | Domiciliary: The reimbursement of medical bills for 6 months period should be claimed within the next 3 months i.e., for the period April-September, the superannuated employee should submit his claim by 31 st December and for the period October-March by 30 th June. | OPD/Domiciliary. The reimbursement of medical bills for 6 months period should be claimed within the next 3 months i.e., for the period April-September, the superannuated employee should submit his claim by 31 st December and for the period October-March by 30 th June. However, delay up to further 3 months may be condoned by Corporate HR Department (E8/E9 grade) at Corporate Office/ OIC (E8/E9 grade) at Work Centres/Offices. |
| 9.4.2 | Hospitalization: The claim for reimbursement of hospitalisation expenses should be submitted within 1 month from the date of discharge from the hospital. | Hospitalization: The claim for reimbursement of hospitalization expenses should be submitted within 3 months from the date of discharge from the hospital. However, delay up to further 3 months may be condoned in exceptional cases by Head of Corporate HR Department (E8/E9 grade) at Corporate Office/ OIC (E8/E9 grade) at Work Centres/Offices. |
| 9.4.3 | The above time-limits are standard for all medical reimbursement claims. However, delay beyond standard time-limit may be condoned in very exceptional cases on merit up to a further period of 3 months for both domiciliary and hospitalisation cases, provided the superannuated employee furnishes the reasons of delay to the full satisfaction of the Director (HR). | Any delay beyond the above time limits for all medical reimbursements (OPD/Domiciliary and Hospitalisation) may be condoned in very exceptional cases on merit by Director (HR) on furnishing of justifiable reasons for delay. |

5. All other terms and conditions regulating extant PRMS will remain unchanged.
6. This is issued with the approval of Competent Authority and comes into force w.e.f. 15.11.2018.


 20/11/18
 (S. K. Ghulyani)
 CGM (HR-P&ER)

Copy to:

1. HoDs at Corporate Office
2. OICs/ZOICs
3. CGM(MS), Corporate Office



Post-Retirement Medical Scheme (PRMS)

GAIL (India) Limited

{Form for Claiming Reimbursement of Medical Expenses under PRMS for Chronic Ailments & Normal Ailments}

Name Designation at the time of Superannuation/Separation Grade at the time of Superannuation/Separation Place of Posting

System of Medicine: Allopathy Homeopathy Ayurvedic Unani Tibetan
(Please tick whichever is applicable)

Patient's Detail

| S. No. | Name | Relation | Place of Treatment |
|--------|------|----------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Brief Nature of Illness:

Chronic Normal Both (Please tick whichever is applicable)

(A) Consultation Charges

| Patient S.No. | Date | Name of Physician | Consultation No. | Place of Treatment | Chronic/Normal illness | Amount (Rs.) | |
|--------------------|------|-------------------|------------------|--------------------|------------------------|--------------|--------|
| | | | | | | Claimed | Passed |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Total (A) : | | | | | | | |

(B) Medicines, Injections, Dressings & Other Charges

| Patient S.No. | Date | Cash Memo No. | Particulars | Chronic/Normal illness | Amount (Rs.) | |
|--------------------|------|---------------|-------------|------------------------|--------------|--------|
| | | | | | Claimed | Passed |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| Total (B) : | | | | | | |

[Handwritten Signature]



Post-Retirement Medical Scheme (PRMS)

(C) Pathological, Bacteriological and Radiological Tests etc.

| Patient S.No. | Date | Cash Memo No. | Name of Clinic / Lab | Particulars of tests | Recommended (Yes/ No) | Chronic/Normal illness | Amount (Rs.) | |
|--------------------|------|---------------|----------------------|----------------------|-----------------------|------------------------|--------------|--------|
| | | | | | | | Claimed | Passed |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| Total (C) : | | | | | | | | |

Total Amount Claim/Passed :

Total Amount Claimed (A) to (C), Rs.

Net Amount Passed (A) to (C), Rs.

1. Certified that the expenses as mentioned above have been actually incurred by me.
2. I am enclosing duly signed copies of doctor's prescription and relevant medical reports.
3. In case of the claim being filed by me is found to be false/forged, GAIL has the right to reject the same apart from initiating any other action as deemed fit.

Date: _____

(Signature of Member/Dependent)

Location: _____

Name: _____

For use in F&A Department

Bill No.

Date

Total Amount Passed, Rs.

Amount passed in words, Rs. _____ Only

(Signature of Accountant)

(Signature of F&A Executive)

Name: _____

Name : _____

Designation: _____

Designation: _____

Date: _____

Date: _____
