RASHTRIYA ISPAT NIGAM LIMITED VISAKHAPATNAM STEEL PLANT VISAKHAPATNAM-530031

<u>Human Resources Department - Welfare Section</u>

No. HR/Welfare/PRMS/79

Dt: 26.03.2021

CIRCULAR

- 1. Consequent to the introduction of RINL Post Retirement Medical Scheme vide HR Policy Circular No: 01/21 dtd 09.02.2021, the Operating Guidelines for implementation of the aforesaid scheme is given at ANNEXURE.
- 2. This issues with the approval of the Competent Authority.

(G Gandhi)

GM (HR)-Welfare

OPERATING GUIDELINES FOR RINL POST RETIREMENT MEDICAL SCHEME (RINL-PRMS)

- 1.0 Modalities for becoming members of RINL-PRMS:
- 1.1 <u>Executives separated on or after 01.01.2007 and are already members under the existing Post Retirement Health Care Scheme (PRHCS) popularly known as Group Mediclaim Insurance Scheme for separated employees.</u>
- 1.1.1 Due to the paucity of time to appraise all the eligible members presently covered under the existing PRHCS and consequently short time available with them to arrange for Membership Fee for migrating to PRMS, for the first year i.e. 2021-22, the Members shall be given option either to become member of PRMS or to continue under the existing PRHCS. These Executives are required to submit their option either through a hard copy of "Membership Enrolment Form" (Annexure-1) to HR- Welfare Section or On-line (Online mode is currently not available and provision will be made in Retired employees' portal subsequently).
- 1.1.2 On giving option for availing benefits under the PRMS, the member shall to have to pay the Membership Fee as per Age-group as prescribed under the Scheme.
- 1.1.3 The executives can opt the following for making payment of Membership Fee:
 - i. Payment in Lump Sum amount in one go

OR

ii. Initial payment of 25% of the Membership Fee at the time of Enrolment and balance Membership fee in six monthly installments. In these cases, OPD reimbursement amount shall be made only after receipt of total Membership fee.

1.2 Executives retiring on 31st March 2021 & Serving Executives

- 1.2.1 The executives separating on account of Superannuation, Voluntary Retirement, Premature Retirement or cessation of employment on account of Total Permanent Disablement / Medical Unfitness or Death, while in service or after retirement and their spouse and Physically/Mentally challenged Children existing at the time of separation shall be necessarily covered under PRMS subject to fulfillment of other conditions as stipulated in the scheme.
- 1.2.2 The Executives, who are on rolls, will have an option to pay the Membership Fee either in lump-sum at the time of superannuation or to pay in monthly installments before superannuation.

- 1.2.3 The Executives are allowed to pay the Membership in equal monthly installments by way of deduction from their monthly salary as prescribed under the scheme. The executive can give option for such monthly recovery from the salary at equal monthly installments before One year from the date of superannuation. Anyone is having less than 1 year of remaining service can also opt for recovery of Membership Fee from their monthly salary for the remaining period at equal installments. (Form at Annexure-2)
- 1.2.4 The Executive will also have option to get Membership Fee adjusted from non statutory Final Settlement amount e.g. Leave Encashment etc. due to him. (Form at Annexure-3)
- 1.2.5 In the event of untimely demise of an executive, Membership Fee shall be paid by the spouse in lump-sum at the time of enrolment in the Scheme.
- 1.3 Separated and/or Separating executives excluding Functional Director and CMD who are not eligible for PRMS as they do not put in a minimum of 15 years of continuous service in CPSEs including RINL as stipulated in the PRMS will be covered and regulated under the PRHCS i.e., Group Mediclaim Insurance Scheme for separated employees.

2.0 Mechanism with regard to Membership Fee/ Annual Renewal Fee

2.1 <u>Membership Fee</u>

- 2.1.1 The Executives shall pay the Membership Fee as per the Age-group as specified in the approved PRMS to become a member of the scheme to avail benefits.
- 2.1.2 The Age of the Executive shall be reckoned for the purpose of Membership Fee for the spouse as well.
- 2.1.3 In the event of untimely demise of the Executive, Spouse Age shall be considered to reckon with for the purpose of Membership Fee. If the spouse age is below 60 years, the applicable Membership fee for superannuating employees i.e. Rs 50,000/- or Rs.35,000/- as the case may be, shall be applicable.
- 2.1.4 Cutoff date for calculation of Age will be 1st April. In case, age is less than 6 months of a year as on 1st April then completed years of age shall be considered whereas, age of 6 months or above will be considered as the next year.
- 2.1.5 In case, a member fails to pay the Enrolment Fee for any of the Scheme (PRMS or PRHCS) before 31st March, 2021, he/she can pay the amount afterwards. However, coverage under the Scheme will start from the subsequent month. No medical coverage will be provided till their enrolment.



2.2 Annual Renewal Fee

- 2.2.1 The member will be required to pay an Annual Renewal fee of Rs.1000/- per member (except for Physically/Mentally challenged Children). The first Renewal Fee is required to be paid on completion of one year Membership. The said payment shall be made on or before 15th March every year.
- 2.2.2 Though, there will be no Annual Renewal Fee for the Physically/Mentally challenged Children, the separated executive needs to submit the option to continue/not continue the Membership for the Physically/Mentally challenged Child at the time of depositing Annual Renewal Fee for Self and Spouse.
- 2.2.3 The Members shall submit an online Annual Life Certificate to HR-Welfare section as prescribed in the Scheme.

3.0 Mode of payment for Membership Fee/ Annual Renewal Fee:

- 3.1 The Members may pay required Membership Fee and Annual Renewal Fee through:
 - Online payment using RINL payment gateway through Retired Employees Information System of www.vizagsteel.com (This mode is presently not available and provision will be made in Retired employees' portal subsequently)
 - Salary deduction(only for superannuating executives and enrolling for the first time)
 - Demand Draft (single DD per entire family) in favour of 'RINL-VSP", Visakhapatnam' in any scheduled bank payable at Visakhapatnam
- 3.2 Along with Membership Fee, the members should also provide their Bank account details along with a cancelled cheque for direct credit of the reimbursement made by the Company towards OPD/Domiciliary/ Critical/Non-Critical disease(as the case may be)

4.0 Inpatient Treatment:

- 4.1 Inpatient treatment shall be provided to members of PRMS as per the scheme. Floater facility for Inpatient Treatment will be available for ex-employee and spouse.
- 4.2 The members will be given an option to have top-up facility over and above the prescribed limit. On availing top-up facility the additional amount towards premium shall be borne by the member only.

5.0 Reimbursement of Claims towards Outpatient Treatment:

- Provision will be made in Retired employees' portal to submit the claims of expenditure incurred on OP treatment by the members. On certification through online the amount shall be reimbursed as prescribed under the Scheme.
- 6.0 In case of Critical Ailments as prescribed under the policy based on the examination of claims & recommendation of the payable amount towards Critical and Non-critical diseases, PRMS Trust will release the amount to the members. Reimbursement will be made by the Trust only after exhausting of the eligible floater amount of the members as available in Insurance.

Note:

Detailed procedure/guidelines for scrutiny of claims, admissible rates for treatment, finalization of the payable amount by the Trust etc. will be circulated in due course of time.

RASHTRIYA ISPAT NIGAM LIMITED,

MEMBERSHIP FORM FOR ENROLMENT IN RINL POST-RETIREMENT MEDICAL SCHEME (PRMS)

(applicable to Executives separated on or after 01/01/2007)

To:

The Secretary, RINL PRMS Trust RINL, Visakhapatnam Steel Plant

Sir,

In pursuance of RINL's HR Policy Circular No.01/21, dated 09/02/2021, I hereby give my consent to join in RINL's Post-Retirement Medical Scheme (PRMS) along with eligible members of my family as per the details given below.

I.Name of the Executive 2.Emp.No.	F							1 A D 3 V		
Spouse FWD Childrens-1&2	1.Name of the Executive			<u> </u>			2.Emp.No.			
Affix Photo Affix Photo(s) Affix Photo(on		<u> </u>				<u> </u>		
Affix Photo (the above photo is to be attested by ZHR Executive) (the above photo is to be attested by ZHR Executive) 10.Name: Name: Name: DOB:			7.Caus	e of S		<u> </u>				L
(the above photo is to be attested by ZHR Executive) Comparison of the following options: Comparison of the following option: Comparison of t	9.Details of	Executive (Self)			Spou	e		PWD Childrens-1&2		s-1&2
11.DOB: DOB: Name: DOB:	(the above photo is to be attested			(the above photo is to be attested			(the above photo(s) is/are to be attested			
11.DOB: DOB: Name: DOB:	10.Name :			Nam	e:			Name:	•	DOB:
12.Address: 13.Phone No(s).: Name of the Bank: A/c No.: IFSC Code:		•			_					
13.Phone No(s).: 14.Email ID: Name of the Bank: A/c No.: IFSC Code:					· · · · · · · · · · · · · · · · · · ·					
Name of the Bank: DETAILS OF REMITTANCE OF MEMBERSHIP FEE	12111111111111111									
DETAILS OF REMITTANCE OF MEMBERSHIP FEE Option 1: Lump-sum () Membership Fee Amt Paid in Lump-sum or Amount(R Instalments Pay Recovery	13.Phone No	o(s).:			14.Er			nail ID:		
DETAILS OF REMITTANCE OF MEMBERSHIP FEE Option 1: Lump-sum () Membership Fee Amt Paid in Lump-sum or Amount(R Instalments Pay Recovery	Name of the	Bank:		T _{A/c}	No.:		<u> </u>		IFSC Code:	
Option 1: Lump-sum () Membership Fee										l
Self Spouse Total	Option 1 :	: Lump-sum () Membership Fee (Rs.) Amt Paid in Lump-sum		Op n Balance No. of or Amount(R Instalments		Opt	Details of Online Payment / DD /			
Spouse Total	6.16		25% (RS.)		s.)				•	
Please choose any one of the following options: (1) I am willing to claim Annual OPD Amount and will avail Outpatient facility at VSGH on payment basis (OR) (2) I am willing to avail complete Outpatient facility at VSGH and will not claim Annual OPD Amount Date: Signature of the Executive / Spouse (in case of death of ex-Executive) The particulars at point nos. I to 12 are certified. (**) Signature of Zonal HR Executive Please submit the form, complete in all respects, to: HR Dept-Welfare Section, Main Admn. Building, Room.No.230, RINL, Visakhapatnam-31			-							
Please choose any one of the following options: (1) I am willing to claim Annual OPD Amount and will avail Outpatient facility at VSGH on payment basis (OR) (2) I am willing to avail complete Outpatient facility at VSGH and will not claim Annual OPD Amount Date: Signature of the Executive / Spouse (in case of death of ex-Executive) The particulars at point nos. 1 to 12 are certified. (**) Signature of Zonal HR Executive Please submit the form, complete in all respects, to: HR Dept-Welfare Section, Main Admn. Building, Room.No.230, RINL, Visakhapatnam-31										
(1) I am willing to claim Annual OPD Amount and will avail Outpatient facility at VSGH on payment basis (OR) (2) I am willing to avail complete Outpatient facility at VSGH and will not claim Annual OPD Amount Date: Signature of the Executive / Spouse (in case of death of ex- Executive) The particulars at point nos. I to 12 are certified. (**) Signature of Zonal HR Executive Please submit the form, complete in all respects, to: HR Dept-Welfare Section, Main Admn. Building, Room.No.230, RINL, Visakhapatnam-31	l otal		<u> </u>							
Executive) The particulars at point nos. 1 to 12 are certified. (**) Signature of Zonal HR Executive Please submit the form, complete in all respects, to: HR Dept-Welfare Section, Main Admn. Building, Room.No.230, RINL, Visakhapatnam-31	(1) I am willing to claim Annual OPD Amount and will avail Outpatient facility at VSGH on payment basis (OR)									
(**) Signature of Zonal HR Executive Please submit the form, complete in all respects, to: HR Dept-Welfare Section, Main Admn. Building, Room.No.230, RINL, Visakhapatnam-31	Executive)									
Please submit the form, complete in all respects, to: HR Dept-Welfare Section, Main Admn. Building, Room.No.230, RINL, Visakhapatnam-31	The particulars at point nos. I to 12 are certified.									
RINL, Visakhapatnam-31										
	RINL, Visakhapatnam-31									

^(**) The details of Executives separated on or after 01.01.2007 and who are already availing GMIS facility does not require certification by Zonal HR Executive.



^(*) Executives separated on or after 01.01.2007 on account of Superannuation, Voluntary Retirement, Premature Retirement or cessation of employment on account of Total Permanent Disablement/Medical Unfitness or death while in service or after retirement only are eligible for PRMS

RASHTRIY ISPAT NIGAM LIMITED

DECLARATION FORM OF SALARY DEDUCTION OF ENROLMENT FEE FOR POST-RETIREMENT MEDICAL SCHEME (PRMS)

		Date:					
	To,						
	DGM(F&A)						
	F&A-Pay S						
		khapatnam Steel Plant					
	Visakhapat	tnam.					
				(Th	rough HR-Welfare)		
	Sir,						
	I will	he superennucting	fuom +1		ions of DINI		
		be superannuating					
		. I w					
	Medical So	cheme w.e.f	as	per the fo	llowing details.		
					A.		
Pa	rticulars	Name	Date of Birth	Grade	Amount (Rs.)		
Self							
Spor	ise						
•							
PWD	Child -1				NIL		
PWD	Child-2						
	TOTAL AL	MOUNT (Rs.)					
	TOTAL AI	WOUNT (RS.)					
		7-1-120-01-01-0) a			
I	hereby	authorize F&A-Pay	section to	deduct	an amount of		
R	s	(Rupees			No.		
) from my	y salary fo	or		
months w.e.ftowards membership fee for PRMS.							
	,						
Signature:							
	Name of Executive						
	Emp.No.						
	1	Dej	ot				
		0.1	137				

RASHTRIY ISPAT NIGAM LIMITED

DECLARATION FORM OF DEDUCTION OF ENROLMENT FEE FOR POST RETIREMENT MEDICAL SCHEME (PRMS)

			Da	ate:
To, DGM(F&A) F&A-Pay Sect RINL –Visakh <u>Visakhapatna</u>	apatnam Steel Plant		(Th:	ough HR-Welfare)
Sir,				,
	oe superannuating			
	eme w.e.f			
Particulars	Name	Date of Birth	Grade	Amount (Rs.)
Self				
Spouse				
PWD Child -1				NIL
PWD Child-2				
TOTAL AN	MOUNT (Rs.)		4	
an amount of Rs.	un-conditional and irr	Rupees) to	owards me	embership fee for
<i>\</i> .	Si Na En	gnature : me of Execut np.No	tive	
		ll No.		