

From

The Member-Secretary,
Chennai Metropolitan Development Authority,
Thalamuthu-Natarajan Building,
No.1, Gandhi-Irwin Road,
Egmore, Chennai-600 008.

To

Letter No. AB2/16227 /2019

Dated:02 .09.2020

Sir,

Sub : CMDA – Admin (Bills) – NHIS'2018 for Pensioners / Family Pensioners of CMDA – Details of self and spouse – Requested – Regarding.

- Ref :
1. G.O.Ms.No.222, Finance (Pension) Dept, dated 30.06.2018.
 2. RC.No.33296/NHIS-2/2016, dt 16.08.2018 from the Principal Secretary / Commissioner of Treasuries and Accounts, Chennai – 600 035.
 3. U.O. Note No.E1/13108/2018, dated 26.10.2018.
 4. Letter No.AB2/16227/2019, dated 31.12.2019.

...

In the G.O. 1st read above, the Government has ordered provision of Health Care Assistance to the Pensioners / Family Pensioners through the United India Insurance Company Limited, Chennai and which has been adopted by CMDA.

The annual premium payable by the CMDA to the United India Insurance Company, Chennai shall be at the rate of Rs.3,800/- plus Goods and Service Tax as applicable from time to time per Pensioner / Family Pensioner, per annum, for the block period of four years from 01.07.2018 to 30.06.2022 and the Medical Insurance Claim per pensioner including spouse for the block period of four years is Rs.4 Lakhs (Rupees Four lakhs only).

The payment of annual premium shall be regulated as per the terms and conditions of the agreement between the CMDA and the United India Insurance Company Limited, Chennai.

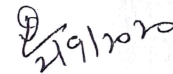
The annual premium initially paid by the CMDA shall be recovered from the Pensioners / Family Pensioners at the rate of Rs.350/- per month by deduction in monthly pension / family pension from the month of January, 2020 as per terms and conditions.

In continuation to reference 4th cited, the Pensioners / Family Pensioners are requested to give their details of self and spouse before 30.11.2020 in the format enclosed (in duplicate) positively without further delay to the Personnel Manager, Admin (Bills) Division, CMDA.

Yours faithfully,


for MEMBER-SECRETARY.

MJ.23.01.



**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2018
FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.**

ANNEXURE-IV

(See Guidelines)

**FORM FOR FURNISHING PENSIONER /
FAMILY PENSIONER DETAILS**

**[UNDER NEW HEALTH INSURANCE SCHEME, 2018
FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY
PENSIONERS.]**

Photo

- (1) Photo in case of Family Pensioner.
(2) Joint Photograph in case of Pensioner.

1.	(a) PPO No. :
	(b) Name of Pension Disbursing Office :
	(c) Scheme Type : Pilot / PSB outside the State
2.	PPO No.OAC/UST (in the case of Pensioners who are getting payment outside the State) : Treasury / Sub Treasury / Pension Pay Office, Chennai / Public Sector Banks with Branch Name through which Pension/Family Pension is drawn. :
3.	Name of the Pensioner / Family Pensioner * (in BLOCK LETTER) :
4.	Name of the Spouse in case of Pensioner (with Joint Photograph) :
5.	Bank & Branch with Account No. from where the Pension / Family Pension is drawn. :
6.	(a) Permanent Address (in BLOCK LETTERS) (Duly furnish District & PIN Code) :
	(b) Present Address :
7.	Contact Details :
	(a) Phone No. with STD Code :
	(b) Mobile No. :
	(c) E-Mail ID (if available) :
8.	PAN No. (if available) :
9.	Post held by the Pensioner at the time of Retirement. :

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2018
FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.**

10.	Office / Department from which the Pensioner retired. :
11.	Pension Drawn Particulars (whichever is applicable)
	Original Pension : Rs.
	Commuted Amount : Rs.
	Provisional Pension : Rs.
	Family Pension : Rs.
12.	Date of Birth (with proof)
	(a) Pensioner / Family Pensioner :
	(b) Spouse (in case of Pensioner only) :
13.	Date of Retirement of Pensioner :
14.	Details of Legal Heir
	(a) Name :
	(b) Relationship :
	(c) Phone / Mobile No. :
	(d) E-Mail ID (for communication purpose). :

Certified that the above particulars furnished by me are correct.

**Signature/Thumb Impression
of the Pensioner / Family Pensioner.**

Certified that the above particulars are verified with the pension records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

Signature of the Pension Disbursing Officer.

Name :
Designation :
Date :
Seal :

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2018
FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.**

ANNEXURE*

**NEW HEALTH INSURANCE SCHEME, 2018 FOR PENSIONERS
(INCLUDING SPOUSE)/ FAMILY PENSIONERS.**

Name of the Pensioner :

Category of Pensioner :

Pension Payment Order No. :

Bank & Branch :

OPTIONS TO BE EXERCISED

[The scheme is compulsory for all Pensioners / Family Pensioners.
The following categories of Pensioners / Family Pensioners alone are
entitled to exercise their option.]

Sl. No.	Categories	OPTION [Yes/No]	Remarks
1.	All India Service (AIS) Pensioner.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
2.	A Pensioner who is a recipient of All India Service (AIS) Family Pension.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
3.	If spouse of the Pensioner is a State Government Employee. Details of Spouse.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Office of Spouse.	:	
	(c) Designation of Spouse.	:	
	(d) NHIS, 2016 for Employees' ID Card No. of the Spouse.	:	
4.	If both Husband and Wife are Pensioners. Details of Spouse.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Spouse's PPO No.	:	
	(c) Whether the NHIS, 2018's subscription is deducted from the spouse.	:	<input type="checkbox"/> Y <input type="checkbox"/> N

* This annexure is to be filled and handed over to the authorities concerned only by the above categories of Pensioners / Family Pensioners.

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2018
FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.**

Sl. No.	Categories	OPTION [Yes/No]	Remarks
5.	If a Pensioner is also a Family Pensioner. Details of Family Pensioner.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No. from where Family Pension is drawn.	:	
6.	If an individual draws more than one Family Pension. Details of Other Pension from which recovery should not be done.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No.	:	

Certified that the above particulars furnished by me are correct.

**Signature/Thumb Impression
of the Pensioner / Family Pensioner.**

Certified that the above particulars are verified with the pension records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

**Signature of the Pension Disbursing
Officer.**

Name :
Designation :
Date :
Seal :