

CENTRE FOR RAILWAY INFORMATION SYSTEMS

**CHANAKYAPURI,
NEW DELHI- 110021.**

OFFICE MEMORANDUM NO. 21/2009

Sub: Revised CRIS Medical Attendance Rules.

Existing CRIS Medical Attendance Rules have been reviewed in accordance with decision taken in Executive Committee's meeting held on 11.07.2008. Revised Medical Attendance Rules as approved by the Executive Committee are effective **from 01.07.2009**.

These Rules shall be called "**CRIS Medical Attendance Rules- 2009**".

1. Objective

These Rules are designed to provide a certain measure of social security and insurance to employees and their family members against various types of illnesses, which befall them during employment and to employee and spouse post-retirement.

2. Scope of Applicability

These rules shall apply to all (i) employees of CRIS (referred to as Centre hereinafter) working in Revised Pay Band plus Grade Pay, including those on probation (ii) those who are on deputation from a government department or other PSUs who opt to be governed by these rules instead of by the rules in force in their parent organization within a month of joining the Centre. *These rules are not applicable to casual and daily rated employees and those engaged as Project Assistants/Consultants after retirement/ superannuation from Central/State Governments Departments/PSUs, as also employees on consolidated pay.*

3. Definition

"Authorized Medical Attendant" (AMA) means any qualified medical practitioner in Allopathic, Ayurvedic or Homoeopathic (and not Unani) system of medicines, whether in the service of the company or practicing medicine elsewhere and acceptable to the Centre.

"Family" means

- (i) employee's spouse;
- (ii) unmarried daughters;
- (iii) sons who have not attained the age of 21 years and are wholly dependent on the employee;
- (iv) sons of 21 years of age and above who are bonafide student of any recognized educational/engineering/medical institution and are not drawing any scholarship/stipend
- (v) widowed daughters who are wholly dependent upon the employee.
- (vi) widowed mother/widowed mother-in-law of the employee, who is residing with the employee and wholly dependent upon him/her.

Note: *All employees are required to give a declaration in the form given in Annexure "A" in order to claim medical reimbursement.*

"Sanctioning Authority" with reference to the exercise of any powers under these rules means the officers or the authority to whom such powers are delegated in accordance

with the schedule of delegation of powers and/or any other powers issued in general or in particular.

4. Medical Benefits

The employees of CRIS to whom these rules apply will be eligible to be paid the expenses incurred by them from time to time during the course of their employment on the medical treatment for themselves and their family subject to the stipulation and monetary limit prescribed in these rules.

5. Medical Treatment Covered by the Rules

5.1 Medical Treatment for the purpose of these Rules will include treatment

- a) at the consulting room of an AMA
- b) at the residence of the family
- c) at the outpatient department of any hospital
- d) as indoor patient of any hospital or nursing home

6. Outdoor Treatment

6.1 Outdoor Medical Treatment includes consultation, diagnosis and treatment both at the consulting room of AMA and the residence of the employee.

6.2 The annual expenses for outdoor medical treatment will be paid on proportionate basis each month which will be equal to one month's Basic pay + Grade Pay + DA as on 1st July. This payment would cover all referral tests (including diagnostic services) for which no separate claims would be allowed. Further the amount would be paid to both the spouses if they are employees of CRIS.

6.3 Employees who have availed of the facility of proportionate monthly reimbursement will be permitted to avail the facility of Income Tax rebate only to the extent permitted by the Income Tax Act.

7. Indoor Treatment Hospitalization

7.1 The employees requiring hospitalization for self and/or eligible family members (Indoor treatment) may get treatment from any hospital within India and full reimbursement would be made.

7.2 The power to sanction the amount of reimbursement permissible in a financial year.

S.No	Amount of reimbursement permissible in a financial year	Sanctioning Authority
1.	Amount equivalent to two months pay.	Controlling Officer (SAG) of the individual
2	Beyond two months and upto four months pay.	Director Finance/ Chief Finance Officer (CFO)
3.	Beyond four months & upto 12 months pay.	Managing Director
4.	Claims exceeding 12 months pay	Executive Committee

Pay means Basic Pay + Grade Pay + DA

- 7.3 Cost of Hospitalization will include pre and post admission treatment, OPD charges and resultant cost of medicine subject to certification by the Hospital that such OPD charges and pre/post admission treatment was part of the indoor treatment on rates as approved for the hospital
- 7.4 Expenses incurred on pathological and other investigations would be reimbursed if such investigations are part of indoor treatment and on the advice of hospital authorities.
- 7.5 The reimbursement on account of room rent for private wards in the nursing homes/hospitals would be made at the following rates:

(a)	Managing Director /Directors	Suite
(b)	Officers in Pay Band 4	Deluxe
(c)	Officers in Pay Band 3	AC Room
(d)	Officers in Pay Band 2	Non-AC single room or twin sharing AC room
(e)	Officers in Pay Band 1	Semi Nursing Home

- 7.6 Conveyance charges incurred from residence to hospital in case of indoor treatment for employee and his family (as defined in para 3.2 above) will be reimbursed. Ambulance charges will be reimbursed fully.
- 7.7 Procedure for Reimbursement:
- (i) Reimbursement of expenses on medical treatment under these rules will be made to the employee preferring a bill for this purpose enclosing the prescription of the MA/Hospital etc. and the cash vouchers for the purchase of medicines and incurring of other expenses from the concerned chemist, laboratory, hospital etc. Such bills should be endorsed to the Accounts Division for the purpose of check and reimbursement of the admissible amount.
 - (ii) Such claims should normally be preferred not later than 3 months from the end of the month in which it is incurred. Claims should be submitted on prescribed application form as per Annexure "B".
 - (iii) CRIS proposes to accept all hospitals recognized/registered with Income Tax Authorities, Railway, Central Govt., State Govt. and Municipal Authority including Govt. hospital as if these hospitals are registered with CRIS. Reimbursement for expenses incurred in these hospitals can be made directly to the concerned hospitals after an arrangement is worked out with them at rates not exceeding those of Apollo/MAX.
- 7.8 Indoor treatment in all cases would exclude Aesthetic and reconstructive surgery to improve one's appearance and function.

8. Post Retirement Medical Facility

- 8.1 An employee who has completed a minimum of 25 years service in CRIS and on superannuation, he/she shall be entitled to reimbursement of expenditure incurred on indoor treatment for self and spouse only at the same rate as applicable to a regular employee. In case of death of the employee, while in service or after superannuation, the spouse will continue to get the facility.

- 8.2 An employee who has joined CRIS on permanent absorption from Govt. of India/State Govt. service including PSU/Bank would be eligible for Post Retirement Medical Facility irrespective of the number of years of service they have put in CRIS subject to their not availing this facility/not being entitled to from their parent organization.
- 8.3 Retired employee will also be entitled to one month (last pay) salary equivalent as outdoor reimbursement for himself & spouse only.
- 8.4 To avail this facility, the employee will be required to pay a sum equal to one month's Basic Pay + Grade Pay + DA at the time of superannuation /resignation.

9. Medical Advances & submission of Claims

In exceptional cases, advances required by individual employees on account of grave hardship to meet the expenditure in connection with indoor treatment in emergent cases can be given on the recommendation of the doctor and approval of the Managing Director. The advance will be limited to not more than 12 months pay. The reimbursement claims for settlement of medical advance should be submitted along with all relevant documents within one month after the completion of the treatment.

10. Comprehensive Health Check up

Under this scheme, an employee who is above 45 years of age can undergo a thorough medical check up once in two years. Payment of charges incurred on such a check up will be made directly by CRIS as per the procedure laid down in para 7.7 above.

11. Interpretation/ Relaxation/Deletion/Modification.

Any exceptional situation not covered by above rules shall be decided at the discretion of MD/EC- depending on the amount involved.

(Archana Joshi)

Registrar

21st July, 2009

No. 2009/CRIS/PERS/11/9

1. All GGMs/CGMs/Regional Heads/Group Heads/ CPM,
2. Sr. AGMs/ AGMs
3. Addl. Registrar/ CSMs/ CMs.
4. Managers
5. PS to MD for kind information of MD.
6. PS to Director/PRS for kind information of Director/PRS.
7. PS to Director/Operations for kind information of Dir/OP
7. PS to DF for kind information of DF.
8. Dealing Executive of Personnel Branch.
9. Manager (System), OAEW Group – for uploading in INTRACRIS.
10. Notice Board.
11. Office Order file.

CENTRE FOR RAILWAY INFORMATION SYSTEMS

DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES

Name _____

Designation _____

Emp. No. _____

The members of my family and other dependents for whom I shall be claiming reimbursement of medical expenses are as under:

S.No.	Name	Date of Birth	Age	Relationship	Residing with me	Status
1	2	3	4	5	6	7

Certified that the person(s) for whom reimbursement will be claimed is/are wholly dependent on me and residing with me.

Signature of the employee.

Name _____

APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES

1. Name of the Employee : _____
2. Designation : _____
3. Status – CRIS employees, Deputationist/ : _____
4. Present Basic Pay (including Grade Pay) : _____
5. Name of patient & relationship : _____
6. Nature of illness : _____
7. INDOOR TREATMENT
 - i) Name of the hospital : _____
 - ii) Date of admission : _____
 - iii) Date of discharge : _____
 - iv) Name of attending Doctor : _____
 - v) Names of Specialists : _____
 - vi) Expenses incurred on : _____
 - (a) Medicines : _____
 - (b) Consultation Fee : _____
 - (c) Laboratory/X-ray etc. test : _____
 - (d) Nursing : _____
 - (e) Ambulance charges : _____
 - 9f) Accommodation : _____
- Total amount claimed :

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent upon me and is residing with me.

Signature of Applicant: _____

Date:

Recommending Authority: _____

ANNEXURE – ‘C’

Medical Reimbursement

Name _____	Scale _____	Grade Pay _____	Basic Pay Rs.	
Date of increment _____	(as on 1 st July'200)	Emp. No. _____	Group _____ Station _____	
Designation _____		S.B.A/c No. _____		
Reimbursement for the month of _____		Tel. No. _____		
Voucher Date	Patient Name	Relationship with Employee	Purpose	Amont
Total				
Less Advance if any				
Net amount payable/refundable				

Amount Rs..... Rs. (In words)	
No. of voucher attached	
Certified that 1. The person(s) for whom reimbursement have been claimed is/are wholly dependent on me and residing with me. 2. His/her/their income from all sources put together does not exceed 1500/- per month (excluding DA/relief on pension). 3. That the previous medical advance drawn by me on _____ has been adjusted in the month of _____. 4. That the information furnished above is correct and the Person/Persons for whom Medical Expenses were incurred is/are dependent on me.	
Date Controlling OfficerSignature of Claimant.....	
Note: Please attach consultation fee receipt, Doctor's prescription, Cash memos of medicines purchased/other charges paid. Please specify if charges were incurred in Consultation, Medicines, Clinical tests or other charges.	
FOR USE IN ACCOUNTS OFFICE	
Total claim passed Rs. _____ Within / More than 1 / 2 / 3 / 4 months	
Sanctioned by Competent Authority: Controlling Officer(SAG)/DF/MD/EC	
Bill passed for Rs. Rs. (In words)	
DeductionNet Amount payable	
Vr. No..... Date Account Head (Dr.)..... (Cr.)	
Sig. of Passing AuthorityDesignation	