

NHPC RETIRED EMPLOYEES' HEALTH SCHEME

1. PREAMBLE

- 1.1 It has been under consideration of the management to provide to its employees, his/her spouse/spouse and children of the deceased employee medical benefits after their retirement/death of the employee. With a view to meet this objective, the following Scheme has been introduced for the benefit of such employees/spouse and children of the deceased employee.

2. APPLICABILITY

- 2.1 The Scheme shall be applicable to all the eligible retired/deceased employees who retire/die/separated from the service of the Corporation and who/spouse and children of deceased employee opt for the Scheme and fulfill the eligibility criteria, as stated in the Rules.
- 2.2 This Scheme will provide medical cover to all the superannuated employees of the Corporation who have rendered a minimum of fifteen** years continuous service of the Corporation for below Board Level Employees, the Board level executives shall continue to be eligible for Post-Retirement Medical Benefits upon completion of tenure or upon attaining the age of retirement, whichever is earlier in terms of Para-12.5 of Department of Public Enterprise OM No. W-02/0028//2017-DPE(WC)-GL-XIII//17, dated-3rd August, 2017 and their spouses, including those employees who have been discharged under the Voluntary Retirement Scheme notified by Corporation from time to time and their spouses or released under pre-mature retirement scheme* and their spouses. Medical Facility shall be allowed to the children of deceased employees, who die in service, till the deemed date of retirement of deceased employee or date upto which the child/children stand(s) dependant as per NHPC Medical Attendance Rules, subject to fulfilment of other terms and conditions.
- 2.3 The spouses/children of the employee who die while in service of the Corporation will also be entitled to this Scheme. The Scheme shall also cover the employee and his / her spouse where an employee meets an accident while discharging official duties, suffer permanent physical disability and leaves the service of the Corporation due to this reason.
- 2.4 Dependent parents of employees on the date of superannuation / retirement/ death for OPD & IPD Treatment with following conditions***:
- (a) Parents dependent at the time of retirement of the employee only will be eligible for the benefit. The eligibility criteria for the purpose of declaration of parents as dependent shall be as per NHPC Medical Attendance Rules.
- (b) Post- Retirement OPD medical treatment of dependent parents shall be within the annual ceiling limit of retired employee. No relaxation in annual ceiling limit of OPD treatment shall be permitted in such case. Reimbursement of OPD treatment shall be permitted subject to the same is permissible under the medical rules or any changes notified by management from time to time.

Note:

1. Scheme introduced vide Part I Office Order No. 34/97 dated 11.06.1997.
2. * Amended vide Part-I O/o No.02/06 dated 20.01.2006.
3. ** Amended vide Part-I O/o No. 32/2021 dated-03.06.2021.
4. *** Added vide Part-I O/o No. 81/2022 dated 11.08.2022.



(c) All the expenditure incurred on IPD inter alia investigations (in-house or outsourced), tariff, implants, procedures; OT, Therapies etc. shall be restricted to General Ward only for both direct payment scheme and reimbursement as the case may be.

3. SCOPE

3.1. This Scheme shall be known as "NHPC Retired Employee' Health Scheme" and shall come into force with immediate effect. The Scheme will also cover employees who superannuated before notification of the Scheme. However, reimbursement will be admissible for expenditure incurred from the date they are admitted to the Scheme.

3.1.A. The condition of minimum qualifying service shall, however, not apply in case of such employees whose appointment is made by the Government through Public Enterprises Selection Board.

3.2.1 This Scheme shall not be applicable to the following categories ;

- a. Ad-hoc employees.
- b. Deputationists / Lien Holders,
- c. Casual employees including daily rated employees
- d. Trainees and
- e. Apprentices engaged under the Apprentices Act.

3.2.2 In case any retired employee who is availing the benefits under this scheme dies, his / her spouse on his / her option may continue to avail the benefits under this Scheme subject to his/ her continuing to meet the criteria of eligibility mentioned in the Scheme after giving intimation in this regard to the concerned cell.

3.2.3 The benefits under this Scheme shall not be admissible as long as :

- a. The retired employees is employed on full time basis elsewhere and availing medical cover from the new employer; or
- b. He is availing any other medical cover in consequence of employment of his / her spouse; or
- c. Employee or his spouse receives any medical assistance from any organization as dependent of their wards; or
- d. The retired employee has not cleared all his / her outstanding dues of the Corporation at the time of his retirement or subsequently.

NOTE: *Ex-employee employed on full time basis, subsequent to his/her retirement, shall be eligible to become member of the scheme and can avail the benefits under the scheme only on submission of a self- certificate to the effect that he is not claiming any medical benefit for self and his/her dependents from any other source.*

(Rule 3.2.3 added vide Part- Office Order No. 99/98 dated 16.12.98)

(Amended vide Part-I Office Order No. 81/2022 dated 11.08.2022)

3.2.4

(i) Lifetime medical facility may be provided to the Specially abled children of retired/deceased employees also on payment of **an amount of Rs.25,000/- per child additional lump-sum contribution**. The retired employee/spouse of deceased employee will have to submit a certificate from the Head of Medical Services at Corporate Office or Chief Medical Officer of District government hospital as the case may be, certifying that the child is not able to earn his/her own living and will also not be able to lead a normal life. However, final assessment of dependency under this scheme shall be considered on recommendation of duly constituted Medical Committee at Corporate Office after establishing that such children are Specially abled and incapable of earning a livelihood. (Vide O/o No. 40/2024 Dated 05.03.2024)

(ii) For the purpose of providing medical facilities to Specially abled children of retired/deceased employees, the term "Specially abled children" would mean

(a) Dependent children having 40% or more of one or more disabilities as defined in Section 2(i) of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and/or

(b) Dependent children having disabilities as defined in Section 2(j) of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999. (Rule 3.2.4 added vide Part-I Office Order No. 64/2017 dated 03.11.2017)

4. DEFINITIONS

4.1 "Corporation" means NHPC including Projects / Power Stations/ Units / Establishments under its control.

4.2 "Controlling Officer" shall mean the authority declared by the Competent authority to be the Controlling Officer for the beneficiaries of the Scheme.

4.3 "Competent Authority" shall be the Chairman and Managing Director or an officer nominated by him for this purpose.

4.4. " Authorized Medical Attendant " (AMA) in respect of the beneficiaries at any station, shall mean the Doctor appointed by the Corporation (including its Power Stations / Projects/ Units) who is its own employee or any doctor of Approved hospitals or any medical Practitioner of Allopathic System of Medicine having the minimum Degree of MBBS.

4.4 "Specialist" means any Registered Medical Practitioner of the Allopathic System of Medicine with a Post Graduate Degree of any specialised branch of medicine / surgery.

4.5 "Retired/Eligible employee" means an employee retired on reaching the age of superannuation

and includes the employee, who has been discharged under the Voluntary Retirement Scheme notified by the Management from time to time, released under pre-mature retirement scheme, the spouse/children of the employees who die while in service or to an employee who leaves the service of the Corporation due to permanent physical disability suffered while discharging official duties.

- 4.7 "Government Hospital" shall include:
- 4.7.1 Departmental dispensary whether full time or part time established and run by a Department of the Government for the medical attendance and treatment of a class or classes of Government servants and the members of their families.
 - 4.7.2 A Military Hospital;
 - 4.7.3 A hospital run and maintained by a Local Authority;
 - 4.7.4 A hospital run by Railway Administration or any Public Sector Undertaking; &
 - 4.7.5 Any other hospital with which arrangements have been made by the Central Government/ State Government for the treatment of Government servants.
 - 4.7.6 Dispensaries / Hospitals run by the Corporation.
- 4.8 "Approved Hospitals" shall mean any Hospitals recognized and notified by the Corporation for the purpose of seeking medical attendance and treatment by the retired employees. All the empanelled hospitals of the Corporation shall also be treated as approved hospitals under REHS for retired employee his/her/spouse & spouse/children of the deceased employee while in service and they will also be eligible for direct payment facility on the lines it is available to the serving employees of the Corporation.
(vide Part – I Office Order no. 54 /2002 Date: 12.06.2002 and Part-I Office Order NO.10/2011, 11/2011 and 12/2011 dated 05.04.2011)
- 4.9. "Medical Attendance" means attendance in a Government Hospital or Approved Hospital or an Authorised Medical Attendant's consulting room or at the residence of the employee including such pathological, bacteriological, radiological or other methods of examination for the purpose of diagnosis as are available at the Corporation / Project's Hospital or failing that in any Government Hospital / Laboratory or in any Private Hospital / Laboratory and are considered necessary by the Authorised Medical Attendant and such consultation with a Specialist or other Medical Officer to the extent and in the manner as the Authorised Medical Attendant certifies to be necessary.
- 4.10 "Treatment" means the use of all medical and surgical facilities essential for the recovery of or prevention of deterioration in the condition of the patient and includes:
- 4.10.1 The employment of such pathological, bacteriological and other methods as may be considered necessary by the AMA; and



4.10.2 The supply of such medicines, vaccines, sera or other therapeutic substances as are ordinarily available in the hospital.

5. REGISTRATION AND RENEWAL OF MEMBERSHIP

5.1 An eligible retired employee his/her spouse and spouse/children of the deceased employee who intends to avail of medical facilities under the Scheme shall apply in the application form at Annexure I for registration. The application duly completed in all respects along with two spare photographs (excluding one to be fixed on application) along with two specimen signatures on a separate paper will be submitted in the case of Executives and Central Cadre employees to the Retired Employees Health Scheme Cell (Referred to as Cell hereinafter) Corporate Office and in the case of project Cadre employees, to the concerned cell at the Project / Power Stations/ Unit / Office, in duplicate from where the applicant has retired. The amount of contribution will be remitted by the retired employee along with the application through UPI/Online / a Bank draft drawn in favour of NHPC Faridabad or the Project/ Power Stations / Unit / Office concerned, as the case may be. The retired employee against whom any amount / property etc. of the Corporation is outstanding will become member of this scheme only after he clears all his / her outstanding dues and account as required.

5.2 In all cases, registration of eligible beneficiary / beneficiaries as members of the Scheme will be made by the head of Cell in corporate Office or Project/ Power Stations / Units/office as the case may be and "Medical Cards" in the form at Annexure II will be issued by him to the concerned retiring employee.

5.2.1 Life certificate shall be submitted under REHS in accordance to Circular No. NH/HR/REHS/2023/04 Dated 20.04.2023.

5.3 For change in the Project / Power Station / Unit / Office for claiming medical reimbursement under this scheme, the retired employee /beneficiary/beneficiaries will apply to the concerned Cell as prescribed in Rule 5.1 of the Scheme.
(Vide Part – I Office Order No. 79 /2000 Date: 17.10.2000)

6. CONTRIBUTION

6.1 The membership fees to avail REHS shall be Rs.50,000/- & Rs.40,000/- in case of Executives and Non Executives respectively, for Employee, Spouse & Parents. The amount shall be recovered in monthly instalment from salary till the date of superannuation; In cases, wherein the full contribution could not be recovered till superannuation., the balance shall be recovered from the dues payable to the employees

6.2 Contribution paid shall not be refundable even if the benefits under the scheme are not availed by the beneficiary or in the event of death of beneficiary / beneficiaries.

7. BENEFITS – INDOOR AND OUTDOOR

7.1 *Indoor Treatment*

The retired employee and his/ her spouse/spouse and children of the deceased employees will be entitled to medical attendance and treatment as indoor patient in the / Corporation's hospital

as per the entitlement of the retired employee/deceased employee on the date of retirement/death and to the extent the facilities are available in the Corporation's Hospital(s). If there is no Corporation hospital at the place where the beneficiary (ies) settle after retirement, the expenditure incurred on hospitalisation is reimbursable only if the treatment is taken in a government hospital or any approved hospital. When indoor treatment is taken in a government hospital, reimbursement shall be made as per actuals depending upon the entitlement of the retired employee/deceased employee.

However, if the treatment is taken in any approved hospital, the expenditure shall be reimbursed as per the entitlement of the employee notified from time to time.

- 7.1.1 The entitlement of benefit/dependency of the children shall be same as for children of serving employee as per NHPC Medical Attendance Rule amended from time to time. (Part-I Office Order NO.10/2011, 11/2011 and 12/2011 dated 05.04.2011)
- 7.1.2 The retired employee his/her spouse and spouse/children of deceased employee shall be entitled to Direct Payment Facility for the treatment in the empanelled hospitals wherever admissible. The facility of Direct Payment shall be with effect from 28.11.2003 to Executives, 01.03.2011 to Supervisors and 18.03.2011 to Workmen. (Part I Office Order No. 30/2003 date: 28.11.2003, Part-I Office Order No.11/2011 and Part-I Office Order No.10/2011)

The Retired employees/spouse of deceased employee availing treatment for self/spouse/children wherever entitled, in empaneled hospitals (with Direct Payment Facility) will use the formats prescribed for the purpose (**Annexure – V : Application for issue of Authority letter and Annexure- VI: Authority letter under Direct Payment Scheme**).

For availing indoor treatment facility in the hospitals approved under NHPC Retired Employees' Health Scheme, retired employees / spouse/children of the deceased employee shall show the Medical Card issued under NHPC Retired Employees' Health Scheme at the time of taking indoor treatment in these hospitals. A copy of the Medical Card shall also be got certified by the Hospital Authorities along with discharge slip identifying the name and photograph of the retired employee/ spouse/children of the deceased employee to be submitted along with the medical reimbursement bill. (*vide Part I Office Order No 22 /2005 date: 07.03.2005*)

The entitlement of accommodation in the hospitals **shall be equivalent to serving employees of same grade/ rank**. No expenses towards **Special diet** charges, inadmissible medicines and other items as per Rules will be reimbursed (*vide Part I Office Order No 40/2024 date: 05.03.2024*).

- 7.1.3 *In case of Indoor Treatment the Retired employee/Spouse of deceased employee shall be required to bear 2% cost of the treatment.(Added vide Part I Office Order No 40/2024 date: 05.03.2024).*

7.2 **Outdoor Treatment**

- 7.2.1 The retired employee, his/ her spouse and spouse/children of the deceased employees shall be

entitled to medical attendance and treatment in corporation's hospital / dispensaries as out patient as per their entitlement on the date of retirement/death and to the extent these are available in the Corporation's Hospital/ Dispensaries. The beneficiaries will also be entitled to medical attendance and treatment from Government Hospitals or approved Hospitals or from Authorised Medical Attendant.

7.2.2 The medicines prescribed by the Doctors for cases mentioned above will be purchased by the beneficiary from the market.

7.2.3 Reimbursement will be allowed for consultation fee, purchase of admissible medicines and for payment of diagnostic tests etc., as prescribed and in terms of NHPC Medical Attendance Rules as amended from time to time. The ceiling for reimbursement of expenditure incurred during a financial year in such cases shall be equivalent to the maximum of the pay scale of a serving employee of equivalent status/rank.

(Vide Part-I Office Order No.59/2013 dated 16.08.2013)

The maximum ceiling for the retired employees his/her spouse and spouse/children of deceased employee who are enrolled for the benefits under the Scheme for the first year after their retirement will however, be proportionate to the number of months for which the benefits will be availed after retirement upto 31st march of that financial year.

Note:

It is clarified that beneficiaries under NHPC Retired Employees Health Scheme are entitled to reimbursement of consultation, fee, payment of diagnostics tests etc, subject to annual ceilings for outdoor treatment provided under rule 7.2.3 of NHPC Retired Employees Health Scheme. *(vide Part I Office Order No. 38/99 Date: 04.05.1999)*

7.3 RATES OF REIMBURSEMENT OF CONSULTATION FEE AND OTHER ALLIED CHARGES FOR OUTDOOR TREATMENT

Rule 7.3.1 – Consultation fee & Rule 7.3.2 – Rates/charges of injection, stitching & dressing are removed in view of Clause 7.2.3.

8. The Corporation may enter into direct arrangement with Hospitals / Medical Practitioners in the towns where the employees settle after retirement, for treatment (Indoor and / or outdoor) of the retired employees of the Corporation and thereafter the treatment will only be admissible if taken from such hospital / medical Practitioners.

9. MODE OF REIMBURSEMENT

9.1 Admissible expenses incurred by the beneficiary on medical attendance and treatment in a government/approved hospital and on purchase of medicines from open market and for payment for diagnostic tests etc. including fees paid to the AMA / Specialist, as the case may be, as admissible above will be reimbursed to him / her.

For the purpose, the beneficiary should submit his / her claim for reimbursement in the form given at **Annexure – III or IV**, as the case may be to the Project / Power Stations / unit / Office from where the reimbursement has been authorized in the Medical Card. For outdoor

treatment, bills will be sent once in a month and the payment of the same will be made through RTGS/NEFT/ECS. In such cases, the authority issuing Medical Card will forward all the details of the employee to the Project / Power Station / Unit / Office where the medical claim is to be submitted. (Vide Part – I Office Order No. 79 /2000 Date: 17.10.2000)

- 9.2 The claims for reimbursement of indoor treatment shall be submitted after discharge from Hospital and its payment will be made to the employee or his/her spouse and spouse/children of the employees through TRGS/NEFT/ECS. The claim shall be submitted within three months after the completion of treatment.
- 9.3 Claim for reimbursement should be submitted along with prescription from the Doctor, bills of the Hospital, receipt for consultation and injection fees cash memo for the purchase of medicines, cash receipt from clinical laboratories for pathological tests, X-Ray etc. if any.
- 9.4 The prescription of Doctor should contain the date of consultation, the name of medicines, dosages and number of days for which medicines are prescribed.
- 9.5 The cash receipt from the clinical laboratory should contain details of the tests etc. conducted.
- 9.6 The employees should sign on the back of cash memos, cash receipts, X-ray and other test result sheets.
- 9.7 All the enclosures should be serialized date-wise.
- 9.8 Each cash memo for medicines purchased should be attached with the relevant prescription from the Doctor.

10. GENERAL CONDITIONS

- 10.1 Where a retired employee his/her spouse and spouse children of the deceased employees does not become members of the Scheme within Six months of his / her retirement/death under the scheme, he / she shall not be allowed to become member of the scheme at a later date. (Vide O/o No. 40/2024 Dated 05.03.2024).
- 10.2 The Medical Card will become invalid from the date any of the eligibility conditions cease to be fulfilled and /or there is any misuse of these facilities and in that case the contribution will not be refundable.
- 10.3 The Scheme will be operated within an Annual budget ceiling fixed by the Competent Authority from time to time. No reimbursement will be made beyond that ceiling for the year.
- 10.4 The Corporation has the right to withdraw/reduce the facility available under this scheme without any notice from those beneficiary / beneficiaries where it is satisfied that it is being misused. The decision of the Competent Authority will be final in this regard and the same will not be contested.

- 10.5 “The Competent Authority may by an order in writing, suspend the medical card temporarily or for a specified period or permanently of any member / beneficiary from the benefits provided under the Scheme, if a member / beneficiary is / has been found guilty of a grave misconduct by the Competent Authority in a departmental proceeding or convicted by a Court in a criminal case for indulging in any act against the interest of the Corporation. However, the member / beneficiary under such circumstances shall be provided a reasonable opportunity to explain his/her case before the decision is taken by the Competent Authority.

(Vide Part – I Office Order No.22/99 Date: 23.03.1999)

- 10.6 The Corporation reserves the right to amend or withdraw any or all the facilities admissible under this Scheme at his sole discretion any time without any notice.
- 11 The Scheme will cover the treatment taken after issuance of Medical Card. In case of any doubt / dispute, the decision of the Competent Authority i.e. CMD, NHPC, will be final and binding.

12. RELAXATION/INTERPRETATION/AMENDMENT

(i)The Chairman & Managing Director, may at any time, depending upon the requirement of company modify/insert/delete/amend and or alter any of the rule/procedure of the NHPC Retired Employees Health Scheme in the overall interest of the company.

(ii) The Chairman & Managing Director is authorized to relax the applicability of conditions/procedures under the NHPC Retired Employees Health Scheme on case to case basis.

**ANNEXURE-I****NHPC RETIRED EMPLOYEES' HEALTH SCHEME****Application for Medical Card**

Space for affixing
joint Photograph of
beneficiaries

1	Name of the Retired/ Deceased employee & Employee No.	
2	Date of Retirement/ Death	
3	Date of Joining NHPC Cadre	
4	Designation at the time of Retirement/Death	
5	Leaving Service on uperannuation/ VRS/ Death/ Permanent Disability/ Others to specify (please indicate specifically)	
6	Scale of Pay & the Basic Pay on the date retirement/ Death	
7	Department/ Division with the name of the Project/ Unit/ Office from where retired/died	
8	Name of applicant and relationship with Deceased employee	
9	Permanent Address	
10	Present Address	
11	Project/ LO/ Corporate Office from where Reimbursement is to be taken by the retired employee, his/ her spouse/children/parents and spouse/parent(s)/ children of the deceased employee	
12	Particulars of the Bank Draft	
	Bank Draft No. & Date	
	Amount	
	Name of the Bank & Branch	
	MICR Code	
	IFSC Code	
	Permanent Account No.	
Contact No.		

13.	Name of the Beneficiaries: (a) (b) (c)	Date of birth of beneficiaries: (Retd.employee) : Spouse of retired/ deceased employee:
		Children of retired/ deceased employee :(1) (2) Parent(s) of retired/ deceased employee :(1) (2)
14	Specimen Signature of the Beneficiaries:	Retired Employee : Spouse of retired/ deceased employee: Children of retired/ deceased employee: (1) (2) Parents of retired/ deceased employee: (1) (2)

(An extra copy of joint photograph of beneficiaries is enclosed for affixing on Medical Card).

Certified:

- a. That I and other beneficiary am/are re-employed/not re employed on full time basis and am/are not availing any Medical cover from the new employer.
- b. That beneficiaries (in case of children of deceased employee) are/were wholly dependent upon dependent upon the deceased employee, their income does not exceed Rs.9000/- per month, they have not attained the age of 25 in case of son and 30 years in case of daughter and are not married. The child/children named _____ is/are Specially abled.



- c. That beneficiaries (in case of parents of deceased employee) are/were wholly Dependent upon the deceased employee, their income does not exceed Rs.9000/- per month and are eligible for the benefit as per the NHPC Medical Attendance Rules.
- d. I and other beneficiary am/are not availing any other medical cover in consequence of employment of my spouse/ my spouse is not employed and is not entitled to any medical cover.
- e. I and other beneficiary am/are not receiving any medical assistance from any organisation as dependent of my ward.
- f. I have already settled all my outstanding balances and accounts with the Corporation except.....
- g. The above information / particulars are true to the best of my knowledge and in case anything is found otherwise, I may be debarred from benefits of the Scheme.
- h. I undertake to notify immediately any change in the above to Retired Employees Health Scheme Cell including any reason due to which I am not eligible to continue to avail the benefits under the Scheme.

Date _____

(Signature of the applicant)

Verified and forwarded to Retired Employees Health Scheme Cell of the concerned Office/Unit. The above beneficiaries are eligible to the benefits under the Scheme with effect from Additional two joint photos of beneficiaries are also attached.

Signature of Head of Project / Unit / Office or
Controlling Officer not less than the rank of Senior
Manager.

Designation:

RETIRED EMPLOYEES HEALTH SCHEME CELL

Checked with reference to the rules and beneficiaries are entitled to the benefits under the Scheme with effect from

Signature

Designation



ANNEXURE- II

MEDICAL CARD

NHPC LIMITED

(A Government of India Enterprise)

NHPC Office Complex, Sector 33,

FARIDABAD-121003 (HARYANA)

Name of Employee	
Name of Spouse/children /Parents (in case of Retired/ deceased employee)	
Name, relationship and date of Birth of children/dependent parents	
Post last held	
Date of Retirement	
Place of Retirement	
Address	
Name & Address of the office from where Medical Card issued	

The Card is subject to NHPC Retired Employees Health Scheme Rules. Duplicate card in case of loss shall cost to Rs. 100/-



MEDICAL CARD

Signature of:

Employee_____

Spouse_____

Children (in case of retired/deceased employee)

(1)_____

(2)_____

Parent(s) (in case of retired/deceased employee)

(1)_____

(2)_____

Card No Grade.....

Reimbursement at

Date :-

Signature of Issuing Officer with seal

Space for joint photo of
Beneficiaries

**ANNEXURE-III**

NHPC RETIRED EMPLOYEES' HEALTH SCHEME
APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES
(IN CASE OF INDOOR TREATMENT)

1	Name of the Retired/ Deceased employee	
2	Employee No.	
3	Date of Retirement/ Death	
4	Designation at the time of Retirement/Death	
5	Scale of Pay with grade code and the basic pay on the date of retirement/ death	
6	Department/ Division with the name of the Project/ Unit/ Office from where retired/ died.	
7	Division /office where registered for Medical benefits under the Scheme	
8	Address	
9	Medical Card Regn.No.	
10	Name of the Patient & Relationship with the retired/ deceased employee	

11	Place at which the patient fell ill		
12	If treatment taken at a place other than the Place of residence, explain the reason		
13	Name of the Hospital where treatment taken or the name of the AMA consulted		
14	<p>Total Amount claimed</p> <p>Details of the amount claimed</p> <p>i) Accommodation charges (excluding diet charges)</p> <p>ii) Surgical operation/medical treatment)</p> <p>iii) Pathological, Bacteriological, radiological or other tests (with full details)</p> <p>iv) Cost of medicines and injections purchased from the market supported by cash memos and receipts.</p> <p>v) Any other charges (Attach details & proof)</p>	Amount claimed	Amount admitted
	Total (Rs.)		

DECLARATION BY THE CLAIMANT

I hereby declare that :

- i. The statements made in the claim are true to the best of my knowledge and belief.
- ii. I am a member of the NHPC Retired Employees' Health Scheme.
- iii. I continue to fulfill the conditions of eligibility for availing the medical benefits under the _____ scheme.



- iv. The medical expenses were incurred for self / spouse/children/ parents.
- v. That children (in case of retired/deceased employee) are not employed. Their income from all sources does not exceed to Rs.9000/-, they have not attained the age of 25 in case of son and 30 in case of daughter and are not married/The child/children named _____ is/are Specially abled.
- vi. It is also certified that individual / joint income of my parents who are dependent upon me is less than 9000/- per month (irrespective of pension amount).
- vii. That no claim is preferred in respect of diseases as listed in Rule 10.4.1 to 10.4.6.
- viii. I fully understand that the Corporation may refuse / terminate my membership of the Scheme at any time without any notice and without assigning any reason thereof.

Certified that I am re-employed/ not re-employed on full time basis elsewhere and am not availing medical cover in consequence of my new employment/ employment of my spouse or as dependent of my ward(s).

Date:.....

Signature of the claimant

I, Dr. for Hospital confirm that no expenditure on treatment of following account is being claimed by the patient ;Venereal disease, Psychiatric treatment, intentional self injury intemperance or the use of intoxicating drugs or liquor or any injury, disease or illness directly or indirectly attributable to one or more of these causes.

- i. Treatment of congenital defects / diseases, if these are curable are not covered in above.
- ii. Expenditure on treatment pertaining to menopause are not covered in above bill.
- iii. Expenditure on special nursing are not covered in above bill.
- iv. Expenditure towards cosmetic Surgery are not covered in above bill

The identity of Sh./ Smt..... who has taken the treatment (Patient) has been verified from the Medical Card No..... of NHPC and his / her signatures are verified.

Signature of patient Authorised signatory of the Hospital with stamp

FOR USE IN OFFICE

Admitted for Rs..... Passed for Paid by Cheque No..... for Rs.....

Signature

**ANNEXURE-IV****NHPC RETIRED EMPLOYEES' HEALTH SCHEME****APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES
(IN CASE OF OUTDOOR TREATMENT)**

1	Name of the retired/deceased employee	
2	Employee Number	
3	Date of Retirement/death	
4	Designation at the time of Retirement/ Death	
5	Scale of pay with grade code and the Basic pay on the date of retirement/ Death	
6	Division/Office from where separated	
7	Division / office where registered for Medical benefits under the Scheme	
8	Address	
9	Medical Card Regn. No	
10	Name of the Patient & relationship With the retired/ deceased employee	
11	Place at which the patient fell ill	
12	If treatment taken at a place other than the place of residence explain the reason	
13	Name of the Hospital where Treatment taken or the name of the AMA consulted	
14	Total amount claimed	



15. Details of expenditure incurred

Sr. No.	Bill / Cash Memo No.&Dt	Classification	Amount(Rs.)

Total :

I hereby declare that :

- i. The statements made in the claim are true to the best of my knowledge and belief.
- ii. I am a member of the NHPC Retired Employees' Health Scheme.
- iii. I continue to fulfill the conditions of eligibility for availing the medical benefits under the scheme.
- iv. The medical expenses were incurred for self /spouse/children /dependent parents.
- v. That children (in case of retired/deceased employee) are not employed. Their income from all sources does not exceed to Rs.9000/-, they have not attained the age of 25 in case of son and 30 in case of daughter and are not married/The child/children named _____ is/are Specially abled.
- vi. It is also certified that individual / joint income of my parents who are dependent upon me is less than 9000/- per month (irrespective of pension amount).
- vii. That no claim is preferred in respect of diseases as listed in Rule 10.4.1 to 10.4.6.
- viii. I fully understand that the Corporation may refuse / terminate my membership of the Scheme at any time without any notice and without assigning any reason thereof.

NOTE:

1. Claim for reimbursement should be submitted along with prescription from the doctor, bills of the Hospital receipt for consultation and injection fees, cash memo for the purchase of medicines, cash receipt from clinical laboratories for pathological tests, X-Ray, etc. if any.
2. The prescription of Doctor should contain the date of consultation, the name of medicines, dosages and number of days for which medicines are prescribed.
3. The cash receipt from the clinical laboratory should contain details of the tests, etc., conducted.
4. The employees should sign on the back of cash memos, cash receipts, X-Rays and other test result sheets.
5. All the enclosures should be attached date-wise.
6. Each cash memo for medicines purchased should be attached with the relevant prescription from the Doctor.

Certified that I am re-employed/ not re-employed on full time basis elsewhere and am not availing any medical cover in consequence of my employment/ employment of my spouse or as dependent of my ward(s).

Date: _____

Signature of the claimant



For use in Office

Admitted for Rs. Passed for Rs..... paid by Cheque No.....

Dated..... for Rs.....

Signature



NHPC LIMITED
(A GOVERNMENT OF INDIA ENTERPRISE)
NHPC OFFICE COMPLEX
Sector-33, Faridabad,
Haryana-121003.

Application form for issue of authority letter to Retired Employee/his/her Spouse and spouse/Children/Parents of deceased employee for admission under Direct Payment Scheme

1	Name of the Ex- employee with Designation and Grade in NHPC at the time of retirement/VRS/Death	
2	Employee No.	
3	Last place of posting	
4	Name of the patient	
5	Age of Patient	
6	Relationship with Ex- employee	
7	Medical Identity Card No.with date of Issue (Copy to be enclosed)	
8	Name of the Doctor & reference (enclosed Original prescription)	
9	Name of Hospital where admission required	

- i. Certified that the above mentioned Ex- employee or his/her spouse/ parent(s)/children or Spouse/Parent(s)/ children of deceased employee are not getting any medical facility from any source other than NHPC.
- ii. That the above mentioned Ex- employee or his/her spouse/ parent(s)/children or Spouse/Parent(s)/ children of deceased employee nor availing any medical facility from anywhere.
- iii. That all the dues of the Corporation have been cleared and nothing is outstanding.

(Signature of the Applicant)

(FOR OFFICE USE)



1. Verified that, Shri/Smt._____ is an ex- employee or his/her spouse/ parent(s)/children and /dependent parent(s) of deceased employee Shri/Smt._____ Employee No._____ as per records his/her Medical Identity Card No._____ issued on_____.
2. Head of Medical department may please give his recommendation.

I/C REHS

(RECOMMENDATION OF HEAD OF MEDICAL DEPARTMENT/OFFICE/PROJECT/UNIT)

Authority letter for admission of Shri/Smt._____ in Hospital may be issued.

G.M. (Medical Services)/In-charge Medical services/Authorised Signatories



NHPC LIMITED
(A Govt. of India Enterprise)

Ref. No. _____

NHPC OFFICE COMPLEX

**AUHTORITY LETTER UNDER DIRECT PAYMENT SCHEME TO RETIRED EMPLOYEE/HIS/HER SPOUSE
AND SPOUSE/ CHILDREN/PARENT(S) OF DECEASED EMPLOYEE**

The Medical Superintendent,

Sub: Indoor treatment of Shri/Smt.

Dear Doctor,

1. We shall be grateful if you kindly admit Shri/Smt. _____ (to be identified in the enclosed Photocopy of Medical Identity Card) for treatment as 'in patient' in your Hospital under Direct Payment Scheme. **After the treatment, we request you to kindly verify and confirm the identity of treated patient on the photocopy of the Medical Identity Card, and return same with final bill.**

2. In case ex- employee or his/her spouse and spouse/Children/parent(s) of deceased employee while taking admission in Hospital under Direct Payment Scheme opts for higher category of accommodation than their entitled class, the difference of charges on account of their opting for higher category of accommodation, telephone/diet charges if any will be paid by himself or by his/her spouse and spouse/children of deceased employee directly to your Hospital. The bill on NHPC should be raised after adjustment/recovery is made on account of providing higher category of accommodation.

3. ***The bill for the treatment of the patient may be raised directly to Manager (Finance)- Salary & Bills NHPC Office Complex Sector -33 Faridabad(Haryana)-121003.However, it is to inform that two percent (2%) of the amount of bill will be borne by the concerned employees at the time of discharge from Hospital.*** The further particulars of patient of admission are as under:

1. Name of the Patient : _____
2. Medical Card No. : _____
3. Name of Ex- employee &
Relationship with the patient : _____



4. Employee No. & Designation
at the time of retirement/ VRS/
death etc.

: _____

5. Entitled category of admission

: _____

Thanking you,

Yours faithfully,

(Signature of the authorised Signatory)