

## COAL INDIA LIMITED

(A Maharatna Company)

Coal Bhawan,

Premise No-04 MAR, Plot No-AF-

III, Action Area-1A,

Newtown, Rajarhat,

Kolkata-700156

Website: www.coalindia.in



कोल इंडिया लिमिटेड

(एक महारत्न कंपनी)

कोल भवन

परिसर सं.- 04 MAR, प्लॉट सं.- AF-III,

एक्शन एरिया -1A,

न्यूटाउन, राजरहाट,

कोलकाता-700156

वेब: www.coalindia.in

### MODALITIES FOR INCLUSION OF FULLY FINANCIALLY DEPENDENT DIVYANG CHILD(REN) UNDER CPRMSE

#### 1. APPLICATION FOR MEMBERSHIP:

a. **For New Members:** An eligible Executive (as per clause no:02 of the CPRMSE policy), who has **FULLY FINANCIALLY dependent Divyang Child(ren) suffering from not less than 40% of any disability**, can include such child(ren) as a beneficiary under CPRMS-E. For membership of self, spouse, and Divyang Child(ren), he/she shall have to approach the establishment from where (s)he is going to separate/retire.

b. **For Existing Members:** If an existing member of CPRMS-E wishes to include his/her FULLY FINANCIALLY dependent Divyang Child(ren) as an additional beneficiary under the existing CPRMS-E Card, for membership of self and/or spouse and such Divyang Child(ren) (as the case may be), (s)he shall have to approach the establishment from where he/she is availing the post-retirement medical benefits at present.

Beneficiaries who retired/separated from one establishment and have been availing benefit under CPRMSE from another establishment, shall also approach the establishment from where he/she is availing the benefit at present.

**Example:** If Person A retired from ECL and has been availing CPRMSE benefits from CIL; in this case Person A shall apply for the membership of his/her Divyang Child(ren) to CIL.

c. **Old cases** wherein CPRMSE Card was disabled/cancelled/discontinued, shall not be reopened for Divyang membership

#### 2. DOCUMENTS (HARD COPIES) TO BE SUBMITTED FOR MEMBERSHIP OF DIVYANG DEPENDENT CHILD(REN)

a. **Application Form-cum-Medical Card** for FULLY FINANCIALLY DEPENDENT Divyang Child(ren) under CPRMS-E (**Form-B sample attached**) – **02 Copies (HARD COPY to be submitted; soft copy or documents via email or speed post SHALL NOT be accepted)**

b. Photocopy of **PS-3/ MAR Declaration /Family Details/An affidavit before the first class judicial magistrate or any other official documents wherein the name of the fully financially dependent Divyang Child(ren) is mentioned as a family member of ex-executive-01 Copy**

c. Photocopy of **Aadhaar and/ or PAN Card** of the fully financially dependent Divyang Child(ren) -**01 Copy each**

d. Photocopy of **Aadhaar & PAN Card of the retired executive- 01 Copy each**

e. Photocopy of **Disability Certificate issued by the authorized Signatory** of competent notified Govt. Medical Authority- **01 Copy**

f. Photocopy of the **Original Medical Card (For Existing Beneficiary) -01 Copy**

g. **Undertaking in Affidavit form by member, stating that the Divyang child is fully financially dependent on him/her**

#### **Note:**

- Please fill all the forms in BLOCK LETTERS either in BLUE OR BLACK PEN only.
- There **should not** be any OVERWRITING in the form, so before submitting please verify all the entered information for correctness.
- Details mentioned on documents should be CLEAR AND LEGIBLE.
- All the supporting documents mentioned above must be **duly self-attested.**
- **Original documents need to be produced for verification; when called.**
- **It will be the responsibility of the member/spouse to intimate the company, when/if the Divyang Child becomes financially independent for discontinuing coverage of that Divyang Child under CPRMSE.**

#### 3. LIFE CERTIFICATE:

Life Certificate or Jeevan Pramaan Certificate/ Digital Life Certificate needs to be submitted w.r.t the fully financially dependent Divyang Child every year in the month of November.



## MEDICAL CARD

## Application Form-cum-Medical Card for dependent Divyang Child(ren) under CPRMS-E

A Maharatna Company

Registration No:

Photograph of the Retired Executive		Photograph of the Divyang Child		Photograph of the Nominee	
DOB of Employee:		DOB of Divyang Child:		DOB of Nominee:	
1a.	Name of the Retired Executive with EIS No.				
1b.	CPRMSE Card No (For Existing Member)				
2a.	Name of Divyang Child			Age	
2b.	PAN No		Aadhaar No		
2c.	Details of Disability				
2d.	Weather the aforementioned Divyang Child is fully financially dependent on the retired employee (tick one) <input type="checkbox"/> YES <input type="checkbox"/> NO				
3	Date of retirement of Executive				
4	Designation & Grade at the time of retirement				
5	Company from where Retired				
6	Company where Registered for Medical Benefits under the scheme				
7	Correspondence Address with PIN code				
8	Name of the Nominee with relationship				
9	Address of the Nominee				
10	Company opted for claiming reimbursement				
11	Mail-id & Contact No.				

**DECLARATION**

- I/we, the beneficiaries certify that the above details are true & correct. I/we, the beneficiaries agree to comply with the provision of the scheme. In case of any misuse, action against me / any of the beneficiaries may be taken as per the provisions of CPRMSE including suspension/cancellation of the Medical Card.
- It shall be the responsibility of the beneficiary to intimate the Company to discontinue the coverage of Divyang Child(ren) under CPRMSE, if/when such Divyang child(ren) becomes financially independent.

(Signature with Date of Retired Executive)

(Signature / LTI with Date of Divyang Child)

(Signature with Date of Nominee)

**FOR OFFICE USE**Validity of the Card is subject to timely & yearly submission of the Life Certificate

Signature of Issuing Authority with seal

Date of issue.....

Validity Period of the Card: From.....To.....