

ब्रिज एण्ड रूफ कम्पनी (इण्डिया) लि०
BRIDGE AND ROOF COMPANY (INDIA) LTD.
भारत सरकार का एक उद्यम / A Government of India Enterprise
कोलकाता/Kolkata-700 071.

Ref: ED (HR&LA)/CIR/MEDICLAIM/2021-22

01.09.2021


CIRCULAR

Sub. : Clarification with respect to Post Retirement Medclaim Benefit Scheme in accordance with Company's Circular dated 01.04.2011

- I. The existing 'POST RETIREMENT MEDICLAIM BENEFIT SCHEME' for employees retired since 04.05.2010 entitles them to claim maximum per annum reimbursement of premium paid for purchase/renewal of Medclaim Policy upto Rs.12,000/- (Rupees Twelve thousand only) by them (for self Rs.6000/- + spouse Rs.6000/-).
- II. Clause 5 of the said Circular dated 01.04.2011 reads as follows:
"the amount of reimbursement against medclaim policy is subject to the condition that the total expenditure on post retirement medclaim in a particular year should not exceed 1.25% of PBT (profit before tax) of the previous financial year."
- III. Now, for convenience of accounting and rational distribution of the said reimbursement in line with the applicable guideline, it has been decided by the Management that the claims towards reimbursement of premium paid by any retired employee of the Company for purchase or renewal of the medclaim policies coming into effect on or before 31st March of a particular financial year, should physically reach to Company's HR department latest within 30th April of the next Financial year. For e.g. claim against premium paid on or before 31.03.2021 should reach HR Deptt. on or before 30.04.2021.
- IV. Such procedure will permit consolidation of all claims, determination of total entitlement to be assessed for a particular Financial Year and also timely reimbursement of the said claims.

In view of above, it is desirable that the abovementioned claims should be submitted without any delay on yearly basis, failing which processing would be possible in the subsequent Financial Year.

This comes into force with immediate effect. This has approval of the Competent Authority.


(P. K. HANS)

EXECUTIVE DIRECTOR (HR&LA)

CC: CMD

CC: D (F)

CC: D(PM)

CC: CVO

CC: All EDs/CGMs/GMs/GMs/DGMs/HODs

CC: All Sites & Offices at Kolkata/Howrah/Delhi/Mumbai/Chennai/Bhubaneswar/Vadodara/ Ranchi

(To be filled in Triplicate and CAPITAL LETTERS only
attaching supporting documents./ copies for each set)

To
Welfare Service Section,
Personnel Department,
Bridge & Roof Co. (India) Ltd., Howrah.

Proforma for Application of Post Retirement Mediclaim Benefit

Employee Category: * Ex-Officer: Ex-Staff: Ex-Sub staff: Ex-Worker:

Employment No.: Date of Retirement:

Date of Birth & Name of the Ex-employee: (dd mm yyyy)

First Name Middle Name Surname

Date of Birth & Name of the Spouse: (dd mm yyyy)

First Name Middle Name Surname

Policy No. & Date of Commencement: &

Name of the Insurance Co.: * National New India Oriental United India

Amount Claimed & Date: ₹ & (dd mm yyyy)

I / we declare that I / we have read and fully understood Post Retirement Mediclaim Benefit Scheme of Bridge & Roof Co. (India) Ltd. and I / we shall abide by all the Rules and Regulations governing the Scheme.

I / we further declare that the above information's is true to my / our knowledge and belief. In the event of any information being found false, the Management will be at the liberty to take appropriate measures against me / us and my / our entitlement for reimbursement of post retirement mediclaim benefit will be forfeited.

I / we enclose herewith original money receipt, copy of renewal note / advise containing detailed break-up of all payment heads along with copy of the relevant policy. Reimbursement and original money receipt may be sent to me / us in the enclosed self addressed envelop attached herewith.

Signature of Ex-employee _____ Signature of Spouse _____
(Verification of Name of the Spouse from Personnel Department)
Date: (dd mm yyyy) Place:
* Please choose the applicable option by tick marks.

For Official Use Only

Medical Section Gross Payment Receipt: ₹
(Less) Non-reimbursable Amount: ₹
Forwarded to Accounts Department Total Amount: ₹

Cheque to be issued in the name of the Ex-employee / Spouse (in case of death of Ex-employee)
Accounts Department Entitled Amount: ₹
Less Deduction, if any: ₹

Passed for Payment in favour of Sri / Ms.
 vide Cheque / Voucher No.:
dated

(Prepared By) _____ (Passed By)

Pre-Receipt

Received with thanks ₹ towards my final settlement of my / our claim dated against Post Retirement Mediclaim Benefit Scheme.

Signature of Ex-employee with date _____ Signature of Spouse with date