Ref. No: F1.3 (14)/RISL/Rules/2014/3374  Date: 03-08-2016

Office Order

The “RajCOMP Info Services Limited (Medical Attendance) Rules, 2016” and the “Scheme for Obtaining Medicalaim Policy” are hereby notified to be followed in pursuance to the approval accorded by Finance Department, GoR vide its ID No. 131600035 dated 06/04/2016 and by the Board of Directors of the Company in its 23rd Meeting held on 27/06/2016 vide item no. 23.04.

These shall be applicable with immediate effect.

(Aakash Tomar)
General Manager (Admin)

Copy to:

1. P.A. to Chairman and Managing Director, RISL
2. P.A. to Director (Technical), RISL
3. P.A. to Director (Finance), RISL
4. P.A. to General Manager (Administration), RISL
5. Manager (Finance), RISL
6. Accounts Wing, RISL
7. Website cell, RISL (with a request to upload these documents on the website of RISL)
8. P&A Wing, RISL
9. Guard File

General Manager (Administration)
Scheme For Obtaining Mediclaim Policy

Yojana Bhawan, Tilak Marg, Jaipur
CONTENTS

SCHEME FOR OBTAINING MEDICLAIM POLICY

Appendix - I
Format of Application
Appendix - II
Format of Complaint Redressal Form
APPENDIX - III
Format of order
APPENDIX - IV
Register to Maintain Record of Employees Under Mediclaim
SCHEME FOR OBTAINING MEDICLAIM POLICY

An employee regularly recruited against sanctioned vacant post in the company and in erstwhile RajCOMP society after 01.01.2004; absorbed in the company w.e.f. 01.04.2011, shall be entitled to Mediclaim Scheme of medical attendance for self and his/her family through Mediclaim Insurance Coverage.

1.1 Insurance Policy

Mediclaim policy may be obtained from State Insurance and Provident Fund Department (SIPF) of Government of Rajasthan, Jaipur on payment of decided premium and service tax.

For the employees joining the service as Probationer Trainee during the course of the year at any time, the policy will cover period of one full year from the date of issue.

1.2 Family

The ‘Family’ of the employee shall include the employee, his/her spouse, not more than two dependent children up to 21 years of age and dependant parents. The parents shall be regarded as wholly dependent upon

(i) If they normally reside with the employee at the place of his duty and

(ii) Their total monthly income from all sources does not exceed Rupees 2000/- per month or as may be amended by the State Government from time to time.

1.3 Payment of Premium

Annual premium and applicable Service Tax thereon shall be paid, per employee, by the Company.

1.4 Application for Policy

The employee of the Company applying for a Mediclaim policy shall

a) get him insured immediately if he has already joined or on his joining the service of the Company on regular selection through the Third Party Administrator.

b) He will submit an application in the format as per Appendix - I.
I shall provide with such documents and information as will be required for issuance of Mediclaim Policy.

d) ensure observance of terms and conditions as stated above.

e) fill up complaint redressal form as per Appendix - II for redressal of grievances to be forwarded to Health Insurance Manager through Third Party Administrator.

1.5 Authorized Medical Attendant

An Authorized Medical Attendant shall mean in respect of treatment under Mediclaim Scheme applicable to employees appointed as Probationer Trainee:

(i) the Medical Officer of the hospitals approved by the Commissioner, State Insurance and General Provident Fund Department, and

(ii) In case of treatment as indoor patient in a private hospital/hospital run by trust in emergent circumstances in which reimbursement of medical claim is allowed, the Medical Officers of that hospital.

1.6 Features

(i) The policy holder employee including his family shall be entitled to Mediclaim Insurance coverage for Rupees Two Lacs per annum.

(ii) The policy holder employee is examined for medical fitness before he is allowed to report on duty in the Company. Thus no medical examination of the employee or any member of his family shall be made a condition for issue of Mediclaim policy.

(iii) The policy holder employee shall be entitled to indoor treatment in all state government hospitals, Third Party Administrator approved private hospital within the State of Rajasthan and hospitals outside the Rajasthan as contained in list with the policy.

(iv) The policy holder employee and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Govt. hospital and/or in a private institution on the recommendations of the treating Govt. doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.

(v) For the indoor treatment taken in a Third Party Administrator approved private hospital within State and hospitals outside Rajasthan as contained in the list issued from time to time,
policy holder employee and his family members shall be entitled for reimbursement of following expenses:

(vi) Room, Boarding Expenses as provided by the Hospital/Nursing Home.

(vii) Nursing Expenses

(viii) Surgeon, Anesthetist, Medical Practitioners, Consultants, Specialists fees

(ix) Anesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines and Drugs, Diagnostic Materials and X-Rays, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.

(x) Except for Third Party Administrator approved hospitals where the employee and his family may take cashless treatment, the expenditure incurred in a Government hospital/private hospital (where cashless facility is not available) shall be reimbursed within a period of fortnight of submission of the claim.

(xi) The term pre-existing disease will not be applicable in such policies.

(xii) Relevant medical expenses incurred during period up to 30 days prior to hospitalization/up to 60 days after hospitalization on disease/illness/injury sustained will be considered as part of the claim.

(xiii) The policy holder employee/spouse shall also be entitled for maternity expenses benefit up to Rupees 50,000/- during the currency of the policy. This benefit shall be in addition to sum assured amount of Rupees 2.00 Lac.

(xiv) The Health Insurance Manager of the Third Party Administrator shall be responsible to sort out the problems relating to hospitalization, reimbursement of claims.

1.7 Role of Personnel and Administration Section

1. Personnel and Administration Section shall issue an order in the format as per Appendix –III.

2. Personnel and Administration Section shall ensure timely issuance of insurance policy through the Insurance Company for such persons appointed as Probationer Trainee by the Company.

3. Inform to the Finance & Accounts Section the premium amount plus service tax as applicable from time to time per employee per year for issuance of such Mediclaim policy by demand draft to the Insurance Company.

4. Keep a track record of the reimbursement claims;
5. Bring the difficulty/complaint to the notice of Health Ins. Manager immediately.

6. Verify that the details and address submitted by the employee are correct as per his service record.

7. Register shall be maintained in the Section containing the details of employees under mediclaim scheme in the format Appendix IV.
# Appendix - 1

## Format of Application

<table>
<thead>
<tr>
<th>PROPOSER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. No.</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Surname</th>
<th>Relation with Employee</th>
<th>Date of Birth/Age</th>
<th>Photo (Attr. extra photo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of the 
Name 
Designation 

Place 
Date 

Prepared by R.M. Behl, Consultant
FORWARD

Application for Mediclaim Policy is forwarded to:

M/S ______________________

__________________________

Demand Draft Pay Order bearing Number_________ dated_________
Drawn on___________ for Rs.____ (Rupees__________) (premium per employee/Family plus Service Tax as applicable) is enclosed herewith.

Name
Designation
Official Seal
Date

FOR USE OF INSURANCE COMPANY

Policy No. ________ covering the period from _______ to _______ issued.

Name
Designation
Office Seal
Date

Signature of employer

Authorized Signatory

Prepared by R.M. Behl, Consultant
Appendix - II

Format of Complaint Redressal Form

To Be Filled In By Employee

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Particulars</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of the employee</td>
<td>First Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surname</td>
</tr>
<tr>
<td>2.</td>
<td>Designation</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Name of Section in Which Working</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Date of Joining on first employment</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>5.</td>
<td>Office Address</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Residential Address</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Membership Card No.</td>
<td></td>
</tr>
</tbody>
</table>

Prepared by R.M. Behl, Consultant
### Section - B

**Area of Complaint:** (Please tick as appropriate)

<table>
<thead>
<tr>
<th>Membership Card Number</th>
<th>Reimbursement Claim</th>
<th>Cashless Benefit</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nature of Complaint**

**Date**

**Signature of employee**

---

### Section - C

**To Be Filled By Personnel And Administration Section**

Forwarded to **Insurance Company/THIRD PARTY**

**Signature of General Manager (Administration)**

With Seal of Office

**Date**

---

### Section - D

**To Be Filled By Health Insurance Manager**

**Company’s Response**

**Date**

**Signature of Manager with Seal**

---

### Section - E

**THIRD PARTY ADMINISTRATOR’s Response**

**Complaint Redressed**

**Date**

**Signature**

---

Prepared by R.M. Behl, Consultant

Page 11 of 14
Format of order

Shri/Smt. /Ms. ____________________________
Son/Daughter/Wife of Shri ____________________________
has joined the service of the Company after regular recruitment on ____________________________ on the post of ____________________________
carrying Pay Band ___________ Running Pay ___________
Grade Pay ___________

PARTICULARS OF FAMILY

The family members of the employee are as follows:

1. Full Name of Employee: ____________________________
2. Name of spouse: ____________________________
3. Names of the dependent children and their age:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Date of Birth/Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Names of the dependent parents:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Relation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
An amount of Rs. _______ (Rupees _______) plus service tax (as applicable from time to time) is hereby sanctioned for payment of Mediclaim Insurance Policy of the above employee to M/S _______.

Register to Maintain Records of Employees Under Mediclaim

General Manager (Administration)
Personnel and Administration Section

Copy to:
1. PS to Managing Director
2. Accounts Section
3. Personal File
4. Guard File

Copy also to:
1. Insurance Company
2. Third Party Administrator

Prepared by R.M. Behl, Consultant
## Register to Maintain Record of Employees Under Mediclaim

### REGISTER CONTAINING DETAILS OF EMPLOYEES UNDER MEDICLAIM SCHEME

<table>
<thead>
<tr>
<th>Number of employees appointed as Probationer Trainee</th>
<th>Details of Premium Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joined service on March 31st</td>
<td>After 1st April Total No. of Persons Rate Per Person Amount</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Details of Policies Issued

<table>
<thead>
<tr>
<th>No. of Policies Issued</th>
<th>Balance</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>