



एनएलसी इंडिया लिमिटेड

**NLC India Limited**

हितलाभ समन्वय कक्ष : मा.सं. विभाग : ज.सं.का. भवन

**BENEFIT CO-ORDINATION CELL: HR DEPT: PRO BUILDING**

**Cir. No. CORP/HR/BCC/PRMA/1327-NE/2018(B)**

**Date:10.07.2018**

Sub: HR-BCC-PRMAS - Annual Medical Assistance for Non - Executives & Workmen separated from NLCIL **on or after 01.01.2017** - Revision - Reg.

Ref: 1) Cir. No. CORP/HR/BCC/1300-2/2016 dt.01.09.2016  
2) Cir. No. CORP/HR/BCC/PRMA/1327-NE/2017 dt.13.07.2017

\*\*\*\*\*

The NLCIL Management is pleased to enhance the Post-Retirement Medical Assistance to the Non - Executives & Workmen separated from NLCIL on or after 01.01.2017 to meet outpatient treatment expenditure of self and (or) spouse as under:-

Role Band	Category	Reimbursement of outpatient treatment expenses as PRMA per annum (Rs.)			
		If both, the former employee (separated from NLCIL) and his/her spouse are alive	If either, the former employee (separated from NLCIL) or his/her spouse alone is alive	* In case, the employee retires after 30 <sup>th</sup> September and registers in the scheme and if both (former employee and his/her spouse) are alive	*In case, the employee retires after 30 <sup>th</sup> September and registers in the scheme and if either one of them (former employee or his/her spouse) is alive
(a)	(b)	(c)	(d)	(e)	(f)
I	WOA - W4	25,000	17,500	12,500	8,750
II	W5 - W8	28,000	19,600	14,000	9,800
III	SG1 - SG4	33,000	23,100	16,500	11,550

(\*applicable only to the fresh registrants in financial year)

PRMA enhancement is effective from the financial year **2017-18 onwards**.

The present system of life certification is continued with self-certification for reimbursing of the medical expenses incurred by the PRMA members for OPD/Domiciliary treatment on annual basis by way of submission of certification in the format prescribed on or before **31<sup>st</sup> March of every year**.

As the life certificate for the year 2017-18 has already been received from the beneficiaries, the beneficiaries are informed to submit the self-certificate as prescribed at **Annexure-I** as per the revised requirement of the Scheme for the year 2017-18 in the completed shape on or before **31<sup>st</sup> August, 2018**.

This is issued with the approval of Competent Authority.

**CHIEF GENERAL MANAGER (HR)/Group-B**

**Circulation:**

All EDs/Unit Heads/Group HR heads/Head of HRs/Accounts Centres  
NLC Pension Cell, GM (Computer Services)/BCC-CO  
PS to CVO/FDs/CMD

**Copy to:**

Recognised unions  
Host in NLCIL intranet & internet/NLCIL Ex. Employees portal  
Stock file

## Annexure – I

(Last date for submission of this claim is 31<sup>st</sup> August – 2018)

**Applicable only to those who got separated from NLCIL on or after  
01.01.2007 and being member of PRMA Scheme**

From

To

The Chief General Manager/HR,  
Benefit Co-ordination Cell,  
NLC India Ltd, PR Building, Block – 2,  
Neyveli – 1.

Sir,

**Sub: Claim for reimbursement of medical expenses incurred for  
OPD/Domiciliary treatment under Post Retirement Medical Assistance  
Scheme – Reg.**

\*\*\*\*\*

I .....  
(CPF No.....) had incurred expenditure not less than Rs...../-  
(Rupees.....)  
towards OPD / Domiciliary treatment expenses of myself and my spouse during the year  
2017-18. Since I am entitled for the reimbursement of the expenditure as per NLCIL –  
PRMA Scheme, the same may please be reimbursed and transferred to my Bank account.

I understand that in case it is found that there is misuse of benefits, as claimed  
above under the scheme, I shall be summarily debarred from the benefits of the Scheme.

..... ஆகிய நான் (CPF No- .....)  
கடந்த 2017-18 க்கான நிதியாண்டில், எனக்கும் எனது துணைக்கும் சேர்த்து புற  
நோயாளிக்கான மருத்துவ செலவாக ரூ..... (ரூ .....  
.....) க்கு  
குறையாமல் செலவு செய்துள்ளேன். என்.எல்.சி இந்தியா லிமிடெட் PRMA திட்டத்தின்படி  
நான் மேற்கூறிய தொகையை திரும்ப பெறுவதற்கு தகுதியானவன் என்பதால் மேலே  
குறிப்பிட்டுள்ள புற நோயாளிக்கான மருத்துவ செலவினை எனது வங்கி கணக்கில் வரவு  
செய்திடுமாறு வேண்டுகிறேன்.

இத்திட்டத்தை நான் தவறாக பயன்படுத்தும் பட்சத்தில், நான் இந்த நல  
திட்டத்திலிருந்து நீக்கப் படுவேன் என்பதை அறிவேன்.

Date:.....

Signature of the retired employee: .....

Signature of the spouse.....