

EASTERN RAILWAY

No. E.685/0/Pt.IX

Kolkata, dated 05.07.2011

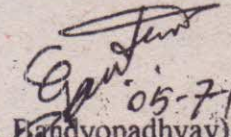
ALL CONCERNED

Sub: Grant of Fixed Medical Allowance revised from Rs.100 to Rs.300 from 1.09.2008 vide Board's letter No.PC-V/2010/A/Med.1 dtd.29.06.2010 to the Railway Pensioners/Family pensioners - clarifications regarding.

The following copy of Railway Board's letter no. PC-V/2011/A/Med.1 dated 07.06.2011 (RBE No 83/2011) along with its enclosure is forwarded for information, guidance and necessary action.

Board's earlier letter dated 29.06.2010, mentioned therein was circulated under this office Serial Circular No. 85/2010. Board's another letter dtd.15.09.2009 (RBE No. 68/2009) mentioned therein is also enclosed herewith.

DA: As above.


(G. Bandhyopadhyay)
For Chief Personnel Officer

Copy of Railway Board's letter No.PC -V/2011/A/Med.1 dated 07.06.2011 (RBE No 83/2011) addressed to General Managers, All Indian Railways and others.

Sub: Grant of Fixed Medical Allowance revised from Rs.100 to Rs.300 from 1.09.2008 vide Board's letter No.PC-V/2010/A/Med.1 dtd.29.06.2010 to the Railway Pensioners/Family pensioners - clarifications regarding.

Pursuant to receipt of references from railway Federations etc. seeking to modify the Undertaking Form annexed with Board's letter no. PC - V/2006A/Med.1 dtd.15.09.2009 (RBE No 168/2009) so as to ensure that the pensioners/family pensioners availing OPD facility for chronic diseases are not deprived of the Fixed Medical Allowance, the matter has been examined and it has been decided to modify the Undertaking Form suitably.

2. The revised Undertaking Form is enclosed. Henceforth, Railway pensioners/family pensioners who opt to claim Medical Allowance should submit the claim for Medical Allowance to the concerned Pension Disbursing Authority in the revised Undertaking Form.

Index No.1049 - Grant of Fixed Medical Allowance revised from Rs.100 to Rs.300 from 1.09.2008 Vide Board's letter No.PC-V/2010/A/Med.1 dtd.29.06.2010 to the Railway Pensioners/Family pensioners - clarifications regarding.

Contd..

UNDERTAKING FORM

(to be submitted in DUPLICATE by pensioners/family pensioners to his/her Pension Disbursing Authority (PDA) One copy to be retained by PDA and the other copy to be furnished to Pension Sanctioning Authority by PDA)

I _____ a retired employee/family pensioner whose
(specify relation of family pensioner with deceased
Railway employee) was an employee of (office
address) _____ declare that I am residing at (residential
address indicated in PPO) _____, which is
beyond 2.5 KMs from the nearest Railway hospital/health unit _____
(Name of the Hospital/Health Unit as contained in Annexure-III to Railway Board's letter No.
PC-V/98/1/7/1/1, dated 21-4-1999.

2. Accordingly I hereby opt to claim Fixed Medical Allowance of ₹100 and/or ₹300 per month as per prescribed rate. Necessary endorsement may please be made in my PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities (except in cases of chronic diseases as mentioned in Board's letter No.2006/H/DC/JCM, dated 12-10-2006) at Railway hospitals/Health Units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letter No. PC-V/98/1/7/1/1 dated 21.4.99 and 1.3.2004 and last being letter No. PC-V/2006/A/Med/1, dated 15-9-2009.

3. I also declare that I have not availed of any treatment as Out Door Patient (except in cases of chronic diseases as mentioned in Para-2 above) for the period from _____ (indicate here the date of retirement or the date of availing OPD facility on the last occasion or 1.12.199, whichever is later) to this day _____ (indicate here the date on which this declaration is signed). I may accordingly be paid arrear of Medical Allowance @ ₹100 and/or ₹300 per month for the period mentioned above as per prescribed rate.

4. The above information furnished by me is correct to the best of my knowledge and belief. I also understand, that, if at any stage, it is found that the undertaking submitted by me is incorrect or carries false information, my FMA is liable to be stopped with immediate effect and further suitable action could be taken to recover the excess amount paid to me.

Signature _____

Name in Full _____

PPO No. _____

Issued By _____

SB A/c No. _____

Post office/Bank _____

Branch _____

Place _____

Date _____

अनुलग्नक-1

बोर्ड का दि. 7.06.2011 का पत्र सं. पी सी V/2011/ए/मेड/1

(पेंशन भोगी/परिवार पेंशन भोगियों द्वारा उनके पेंशन संचितक प्राधिकारी को प्रस्तुत दो प्रतियों में प्रस्तुत किया जाए। एक प्रति पेंशन संचितक प्राधिकारी द्वारा रखी जाए तथा दूसरी प्रति पेंशन संचितक प्राधिकारी द्वारा पेंशन मंजूर करने वाले प्राधिकारी को भेजी जाएगी)

मैं-----सेवानिवृत्त कर्मचारी/परिवार पेंशन भोगी -----(मृतक रेल कर्मचारी के साथ परिवार पेंशन भोगी का संबंध स्पष्ट रूप से उल्लेख करें) ----- (कार्यालय का पता) का कर्मचारी पर, यह घोषणा करता हूँ कि मैं ----- (पेंशन भुगतान आदेश में उल्लिखित फाइलशी पता) पर रहता हूँ जो निकटतम रेलवे अस्पताल/स्वास्थ्य इकाई ----- (रेलवे बोर्ड के दिनांक 21.4.1999 के पत्र सं.पी सी V/98/I/7/1/1 के अनुलग्नक में यथार्थगणित अस्पताल/स्वास्थ्य इकाई का नाम) या 2.5 कि.मी. से दूर अवस्थित है।

2. तदनुसार, मैं एतद्वारा यथार्थगणित दर 100/- रूपए अथवा 300/-रूपए के निश्चित चिकित्सा भत्ता दावा करने के विकल्प का चुनाव करता हूँ। इस संबंध में, मेरे पेंशन भुगतान आदेश में आवश्यक पृष्ठांकन किए जाएं। साथ ही, मैं यह भी घोषणा करता हूँ कि मैं चिकित्सा भत्ता दावा करने की तारीख से रेलवे अस्पताल/स्वास्थ्य इकाई में बहिरंग रोगी (OPD) सुविधा (बोर्ड के 12.10.2006 के पत्र सं. 2006/एच/डी सी/जे सी एम में यथोलिखित क्रोनिक बिमारियों के मामलों को छोड़कर) का लाभ नहीं लूंगा। मुझे यह भी विदित है कि चिकित्सा भत्ता प्रदान किया जाना बोर्ड के दिनांक 21.04.1999 व 13.2004 तथा इस संबंध में अंतिम पत्र दिनांक 15.9.2009 का सं. पी सी V/2006/ए/मेड/1 में निर्दिष्ट शर्तों एवं निवेदनों के अधधीन है।

3. मैं यह भी घोषणा करता हूँ कि मैंने (उपरोक्त पैरा 2 में यथा उल्लिखित क्रोनिक बिमारियों के मामलों को छोड़कर) दि. ----- (सेवानिवृत्ति की तारीख का उल्लेख करें या अंतिम बार OPD सुविधा का लाभ प्राप्त करने की तारीख या 1.12.1997 जो भी बाद में हो, का उल्लेख करें) से आज तक ----- (इस घोषणापत्र हस्ताक्षरित करने की तारीख का उल्लेख करें) की अवधि के दौरान बहिरंग रोगी (OPD) के रूप में इलाज नहीं कराया है। मुझे तदनुसार निर्धारित दर के अनुसार उपरोक्त वर्णित अवधि के लिए 100/-रूपए तथा/अथवा 300/-रूपए की चिकित्सा भत्ते की बकाये की भुगतान की जाए।

4. मेरे द्वारा प्रस्तुत उपरोक्त सेचना मेरी जानकारी एवं निरपवाद के अनुसार यही है। मुझे यह भी ज्ञात है कि यदि बाद में, यह पाया जाता है कि मेरे द्वारा प्रस्तुत की गई घोषणा पत्र त्रुटिपूर्ण है या इसमें गलत सूचना दी गई है तो मेरी निश्चित मेडिकल भत्ता (FMA) तत्काल प्रभाव से रोक दी जाएगी तथा मुझे भुगतान किए गए अधिक्य रकम की वसूली के लिए आगे समुचित कार्रवाई की जा सकती है।

हस्ताक्षर -----

पूरा नाम -----

पेंशन भुगतान आदेश सं.-----

जारीकर्ता -----

SB A/c No. -----

पोस्ट ऑफिस/बैंक -----

शाखा -----

स्थान -----

तारीख -----

Copy of Railway Board's letter No.PC-V/2006/A/Med/1 dtd.15.09.2009 (RBE No.168/2009)

Sub: Grant of fixed Medical Allowance @ Rs.100 p.m. to the
Railway pensioners/family pensioners- Clarification regarding .

Subsequent to the issue of Board's letter NO. PC-V/98/I/7/IT dated 07.02.2008, references were received from pensioners/family pensioners and banks seeking clarification as to whether those pensioners/family pensioners who are members of RELHS and availing OPD facility are also eligible for Fixed Medical Allowance.

2. The matter has been examined and in reference to Board's letter dated 07.02.2008 *ibid*, it is clarified that since actual enrollment under the Health Scheme is not mandatory, those pensioners/family pensioners who in terms of Board's letter No. 97/H/28/1 dated 23.10.97, are eligible to become members of the Scheme but are not actually enrolled are also entitled for grant of Fixed Medical Allowance. Pensioners/family pensioners who possess RELHS Card and avail OPD facility are NOT entitled for Fixed Medical Allowance, whereas those who possess RELHS Card but do not avail OPD facility (except in cases of Chronic diseases, as defined in Board's letter NO. 2006/H/DC/JCM dated 12.10.2006) are entitled for Fixed Medical Allowance.

3. Further, FMA and arrears of FMA would continue to be paid, as earlier, to pensioners/family pensioners only after submission of the enclosed under taking Form to the Pension Disbursing Authority (PDA) thereby implying that fulfilment of the following two condition is mandatory for becoming admissible for FMA :-

i) Pensioner/family pensioner is residing beyond 2.5 KMs from the nearest Health Unit ;

ii) pensioner/family pensioner is not availing the facility of OPD (except in cases of chronic diseases as mentioned in Para 2 above).

Undertaking Form

(to be submitted in DUPLICATE by pensioners/family pensioners to his / her Pension Disbursing Authority (PDA) one copy to be retained by PDA and other copy to be furnished by Pension Sanctioning Authority by PDA).

I _____ a retired employee / Family Pensioner whose _____ (specify relation of Family Pensioner with deceased railway employee of) was an employee(Office address) _____ declare that I am residing at (Residential address indicated in PPO)

which is beyond 2.5 KMs from the nearest Railway Hospital / Health Unit _____ (name of the Hospital / Health Unit) as contained in Annexure -III to Railway Board's letter No. PC-V /98/I/7/1/I dated 21-04-99)

2. Accordingly, I hereby opt to claim Fixed Medical Allowance of Rs. 100/- per month. Necessary endorsement may please be made in my PPO in this regard. Simultaneously, I undertake that I will not avail of OPD facilities at Railway Hospitals/ Health Units from the day I claim Medical Allowance. I also understand that grant of Medical Allowance is subject to the terms and conditions specified in Board's letters No. PC-V/98/I/7/1/I dated 21.04.99 and 01.03.2004.

3. I also declare that I have not availed of any treatment as Out Door Patient for the period from _____ (indicate here the date of retirement or the date of availing OPD facility on the last occasion or 01.12.97, whichever is later) to _____ (indicate here the date on which this declaration is signed). I may accordingly be paid arrear of Medical Allowance @ Rs.100/- per month for the period mentioned above.

Signature _____
 Name in Full _____
 PPO No. _____
 Issued by _____
 SB A/c No. _____
 Post Office/ Bank _____
 Branch _____
 Place. _____
 Date. _____