

URANIUM CORPORATION OF INDIA LTD.

JADUGUDA

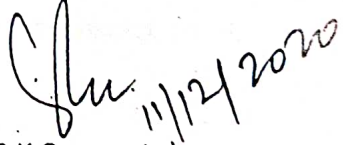
11/12/2020

As per clause 9.3 of the MoS entered between UCIL Management and Union representatives, a Post Retirement Medical Benefit (PRMB) is going to be implemented for employees who have superannuated after 31/03/2018. The sum assured shall be Rs.1.5 Lakhs per annum (individual +spouse) as Mediclaim Policy. The Premium shall be paid by the individual and the Company in 50:50 ratio. The scheme is not mandatory but voluntary.

In line of above, open tendering was done for selection of Insurance Houses. M/s National Insurance Company Ltd. was the only bidder. The salient features of the offer submitted by M/s National Insurance Company are as below.

1. Annual Premium is Rs. 10987/- Hence individual has to pay Rs. 5493.5/- per annum (incl.GST).
2. Sum assured for individual and spouse: Rs.1.50 Lakhs.
3. Pre existing diseases are covered.
4. Pre and Post Hospitalization: 30 and 60 days respectively.
5. Cataract treatment expenses: Rs. 20,000/- per eye.
6. Room Rent for Hospitalization: 2% of Sum Assured for normal and 4% of Sum assured for ICU.
7. Local Ambulance expenses: Upto Rs.3000/- per hospitalization.

In view of above all superannuated employees of UCIL (retired after 31/03/2018) are hereby requested to submit the attached form stating their willingness to join the scheme to the Office of GM (I/P&IRs/P) on or before 30/12/2020.


(S.K.Sengupta)

Ch.Manager(P/I)

Distribution

Dy.Manager (Admin) to C&MD

AO to Director(Financce)

All HoDs

Gen.Secy. SUMU/JLU/UMS/UKU

All Notice Boards

URANIUM CORPORATION OF INDIA LTD

JADUGUDA

APPLICATION FOR ENROLMENT OF MEMBERSHIP TO "UCIL POST RETIREMENT MEDICAL BENEFIT SCHEME (PRMB)"

1. Name of Applicant (ex-employee) :
2. Employee No. Designation. Department :
(at the time of separation from UCIL)
3. Sex : Male/ Female
4. Date of Birth(Self) (DD-MM-YYYY) :
5. Date of Separation :
6. Name of the Spouse :
7. Date of Birth of Spouse :
8. Address for communication :
9. Your Bank Name, A/c No., Branch Address :
(Enclose photocopy of 1st page of pass-book or a cancelled cheque.)
10. E -mail address (if any) :
11. Residential telephone No./Cell phone No. :
12. Whether to be covered for Self/Spouse/both :

Note: Please enclose separate passport size photographs each one of self and spouse. Spouse of the employee (in case of death of the employee after retirement)can also apply.

DECLARATION

I hereby declare and certify that the above information given of self and spouse, is true and complete in all respects. I further agree that I am aware of UCIL's Post Retirement Medical Benefit Scheme (PRMB) and am joining the Scheme on my free will and volition. I will abide by the same as may be amended /modified from time to time. Any change in the above information would be informed to Central Personnel, Jaduguda promptly. In case at a later date, if the information is found to be false, I agree to forfeit my membership under the Scheme. I am responsible for payment of my share of yearly premium amount (which may undergo change on year to year basis) as decided by the management, till the policy is in operation.

Date:

Signature of the Applicant

To:

**Addl. Manager (Personnel)
Central Personnel
Jaduguda.**