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राजस्थान राज्य पथ परिवहन निगम, जयपुर  
क्रमांक:-एफ/सारापपनि/वित्त-नियम/2013/6084 दिनांक 08-08-13  
कार्यालय-आदेश

राजस्थान राज्य पथ परिवहन निगम में कार्यरत कार्मिकों के सेवा निवृत्ति के उपरान्त किसी प्रकार के चिकित्सा व्यय के पुर्नभरण की व्यवस्था नहीं होने के कारण राज्य सरकार के निर्देशानुसार निगम के सेवा निवृत्त कार्मिकों को चिकित्सा सुविधा उपलब्ध कराये जाने के सम्बन्ध में राज्य सरकार को प्रस्तुत (RAJASTHAN STATE ROAD TRANSPORT CORPORATION RETIRED EMPLOYEES MEDICAL WELFARE SCHEME, 2013) चिकित्सा योजना की स्वीकृति अपने पत्र क्रमांक प-8(11)परि/रिदिनांक 8-8-2013 द्वारा राज्य सरकार द्वारा प्रदान की गई है।  
2009/Part II

अतः निगम संचालक मण्डल के अनुमोदन की प्रत्याशा में दिनांक 16.08.2013 से RAJASTHAN STATE ROAD TRANSPORT CORPORATION RETIRED EMPLOYEES MEDICAL WELFARE SCHEME, 2013 (संलग्न) को निगम में लागू किया जाता है।

( नरेश पातंगवार )  
अध्यक्ष एवं प्रबन्ध निदेशक

संलग्न:- उपरोक्तानुसार

क्रमांक:-एफ/सारापपनि/वित्त-नियम/2013/6084 दिनांक 08-08-2013

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु :-

1. अतिरिक्त मुख्य सचिव (परिवहन), राजस्थान सरकार, जयपुर।
2. प्रमुख शासन सचिव (वित्त), राजस्थान सरकार, जयपुर।
3. निजी सचिव, अध्यक्ष एवं प्रबन्ध निदेशक, सारापपनि, जयपुर।
4. कार्यकारी निदेशक ( ) सारापपनि, जयपुर।
5. महा प्रबन्धक/संयुक्त महा प्रबन्धक, सारापपनि, जयपुर।
6. समस्त उप महा प्रबन्धक सारापपनि, जयपुर।
7. समस्त जोनल मैनेजर/मुख्य उत्पादन प्रबन्धक, लेखाधिकारी सारापपनि,
8. समस्त मुख्य प्रबन्धक/प्रबन्धक (वित्त), सारापपनि..... को प्रेषित कर लेख है कि इस योजना को नोटिस बोर्ड पर चरखा करते हुये सभी सम्बन्धित को सूचित करें।
7. आदेश पत्रावली।

(जी.डी. थ्यास)  
वित्तीय सहायक

# RAJASTHAN STATE ROAD TRANSPORT CORPORATION

## RETIRED EMPLOYEES MEDICAL WELFARE SCHEME, 2013

### 1. Short Title

This scheme shall be called the "RSRTC REMWS 2013" and shall come into force w.e.f. 16-08-2013

### 2. Applicability

This scheme shall be applicable to all retired employees of the Corporation appointed on or before 31.12.2003.

### 3. Definitions

- (i) "Scheme" means the Rajasthan State Road Transport Corporation Retired Employees Medical Welfare Scheme, 2013.
- (ii) "Subscriber" means a retired employee of the RSRTC who fulfils following conditions;-
- (a) Has been appointed on or before 31.12.2003
  - (b) Has opted to join the scheme.
  - (c) Has paid the required sum as specified under clause.6
  - (d) Has been issued the prescribed REMWS card in form No. 2 duly certified and the same is timely renewed under the provisions of clause 7.
- (iii) "Dependent" means Subscriber's wife/husband, if wholly dependent upon the Subscriber. Wife/husband shall be regarded wholly dependent, if she/he normally resides with the Subscriber and his/her income from all the sources does not exceed Rs. 36000/- p.a. In case a Subscriber has a son or an unmarried daughter suffering from any disorder/disability of mind or is physically crippled or disabled so as to render him/her unable to earn a living, he/she will be regarded as a member of the family for the purpose of medical facilities available under the scheme.

*glo*



- (iv) **"Government Hospital"** means a Medical/Ayurvedic/Unani or Homeopathy Hospital/Dispensary or institution maintained by the Government of Rajasthan for any organization, owned or controlled by the Government of Rajasthan, for the purpose of medical/Ayurvedic/unani or Homeopathic treatment and also include hospitals attached to national institute of Ayurved, Jaipur and Rajasthan Ayurved University, Jodhpur and any other hospital so specified by the Government.
- (v) "Trust" means a trust constituted for administration of the scheme.
- (vi) "Head of office"/Head of Department." means an officer declared as such by the RSRTC.
- (vii) "Fund" means the Rajasthan State Road Transport Corporation Retired Employees Medical Welfare Fund.

#### 4. **Medical Attendance & Treatment -**

Medical expenditure incurred on treatment of Subscriber and his/her dependent (as defined in No.3(iii) of RSRTC REMWS,2013) for ailment /disease relating to heart valve(s),bypass surgery, serious disease of heart, cancer, transplant of kidney and other serious ailments requiring surgery and hospitalisation of more than one week, shall be reimbursed, subject to a maximum of Rs.1.00 lac per disease per person, if such treatment is undergone in Govt. Hospital only.

No any other medical expenditure, except as specified above, shall be reimbursed.

#### 5. **Constitution of Rajasthan State Road Transport Corporation's Retired Employees Medical Welfare Fund**

- (1) The scheme for providing reimbursement of medical expenses, to a Subscriber, against treatment undergone in a Govt. hospital very much depends upon subscription to the fund by all the eligible corporation employees. For this purpose a fund to be known as "Rajasthan State Road Transport Corporation Retired Employees Medical welfare Fund" is constituted.

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- (2) Rajasthan State Road Transport Corporation Retired Employees Medical Welfare Fund's Account shall be opened in a Bank situated at Corporation's Head Office, to which sums received for and on behalf of the said fund will be deposited. The withdrawal from the fund, for payments of reimbursement of Medical expenses, shall be through cheque, signed jointly by the FA & Dy. G.M. (Pension). The said bank account shall be maintained by the office of Dy. General Manager (Pension).
- (3) Initially, a sum of Rs. 5 Crores shall be granted by the Government of Rajasthan and an equal amount will also be contributed by RSRTC to the Fund.
- (4) Suitable arrangements will be made by RSRTC for further contributions to the fund as per financial requirement for execution of the scheme. In the 2nd, 3rd, 4th and 5th year. The State Government will contribute Rs. 2.5 Crore in each year (Rs. 10 Crore in 4 Years) besides the initial contribution of Rs. 5 Crore.

**6. Membership/subscription of the scheme :**

- (i) All eligible Corporation employees will have to submit option in writing for joining the scheme within 6 months of the issue of the scheme.
- (ii) All retired eligible employees of the Corporation who opt to join the scheme, shall be required to deposit a one time subscription fees of Rs. 10,000/- to become a member of the scheme.
- (iii) The subscription fee of Rs. 10,000/- for working Corporation employees opting the scheme, shall be deducted from their salary in equal monthly instalments.
- (iv) Details of recovery of subscription, made from the salary shall be sent to Dy. General Manager (Pension) in the form REMWS-1.

**7. Issuance of REMWS card for claiming benefit under the scheme.**

- (i) Every Subscriber will be issued an identity card in (Form REMWS-2) on payment of Rs. 500/-. This card will contain necessary particulars of Subscriber and a joint photo of Subscriber and his/her spouse will be affixed

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- (ii) It will be obligatory for the Subscriber to get the REMWS card renewed every year by making payment of annual renewal fee, upto 31st May each year or by making one time (whole life) renewal fee at the following rates.

S. No.	Subscriber's Category	Rate of Renewal fee	
		Annual	One time (whole life)
1.	Subscriber who was in receipt of pay in the grade pay upto Rs. 2400/- or equivalent pay scale at the time of retirement	Rs. 250/-	Rs. 2500/-
2.	Subscriber who was in receipt of pay in the grade pay above Rs. 2400/- or equivalent pay scale at the time of retirement.	Rs. 500/-	Rs. 5000/-

- (iii) In case the original REMWS card has been lost or otherwise destroyed, a duplicate REMWS card shall be issued by the authority, who had issued the original REMWS card, on payment of Rs. 100/- (Rs. One Hundred) after taking an undertaking, not using original card, if located subsequently,

(iv) In case of death of the subscriber, his subscription will be transferred to his widow or widower on payment of dues under Clause 6 & 7 and all facilities under the scheme will be made available to such transferee.

#### 8. Administration of the Fund -

- (i) The fund and property of "RSRTC REMWF" shall vest in a Trust (BOT).  
(ii) The fund shall be operated as a single integrated fund for all the Subscribers.  
(iii) Administration of the fund shall vest in the Board of trustees. The constitution of BOT shall be as under -

- |     |   |                  |
|-----|---|------------------|
| (a) | CMD, RSRTC                                  | Chairman         |
| (b) | Executive Director (Adm.)                   | Member           |
| (c) | Executive Director (T.)                     | Member           |
| (d) | Financial Advisor                           | Member           |
| (e) | One Subscriber (to be nominated by the CMD) | Member           |
| (f) | Dy. General Manager (Pension)               | Member Secretary |

- (iv) The Financial Advisor and the Dy. General Manager (Pension) shall function as administrator and secretary of the fund respectively. They shall jointly sign the cheques for reimbursement.



- (v) The cost of administrations i.e. contingencies, supplies and purchase of articles etc and allowance @ Rs. 300/-per month or the amount as decided by the BOT time to time. as part time allowance, out of the fund to the employee(s) rendering part time services for the trust, shall be borne by the trust.
- (vi) Accommodation, furniture, light & water charges and expenditure on pay and allowances to the staff shall be met out by RSRTC.
- (vii) Accounts and records shall be maintained by the Dy. General Manager (Pension). Monthly savings of the fund after retaining the amount equal to anticipated monthly expenditure on medical reimbursement to the Subscribers invested further as per the decision of the Board of trustees.
- (viii) Separate cash book for the fund shall be maintained. All receipts and expenditure shall be classified under "Rajasthan State Road Transport Corporation Retired employees Medical Welfare Fund."

**9. Procedure for claiming reimbursement-**

The procedure for claiming reimbursement of medical expenses incurred by a Subscriber, under the scheme, shall be as under :-

- (i) A Subscriber claiming reimbursement of medical expenses incurred on a/c of medical attendance & treatment for him/her self or his family, shall make an application to Dy. General Manager(Pension) in form (REMWS 4), within a period of 2 yrs. from the date of completion of treatment.
- (ii) (a) Each application referred to in sub- Para (i) above, shall be accompanied by an essentiality certificate from the Authorised Medical Attendant in form (REMWS 3) along with any other certificate(s) required to be attached .
- (b) The cash memos attached to the medical bills, for purchase of medicines, shall be verified and signed by the Authorised Medical Attendant, prescribing medicines.
- (c) A Subscriber or member of his/her family who undergoes medical attendance and treatment at his/her residence shall be reimbursed the consultation fee, charged by the Authorised Medical Attendant and/or fee paid to Compounder /Nurse for administering injection, on production of a certificate from the Authorised Medical Attendant in the prescribed form 'A' (for consultation fee and 'B' for administering injection) Rajasthan Medical Officers & Nursing Staff fees rules 2011 of State Government.



#### 10. Functions of the Bill passing authority

- (1) All unit heads are required to submit monthly recovery schedules of subscription, deducted from salary of employees, by 10th of the next month, to Dy. General Manager(Pension)
- (2) The Trust will consolidate the schedules of recovery received from units and claim the consolidated amount from RSRTC.
- (3) Funds required to meet the expenditure of reimbursement shall be drawn through cheque, as and when required.
- (4) The concerned authority shall send a monthly statement showing total debits/credits and balance in the fund to the FA, in form (REMWS - 5). A list of cheques issued for payments, shall also be sent to the FA in form (REMWS - 6) for apprising the position of monthly expenditure/savings/progressive total and accumulations to the fund, to the Board of Trustees for making investment decision.
- (5) The Account of blank and used cheques shall be kept in a separate register.
- (6) It is authorised to utilize services of cashier or any Junior Accountant for keeping accounts and other ancillary work of the fund and to pay Rs. 300/- (Rupees Three Hundred) per month. or the amount as decided by the BOT time to time. to him, as part time allowance, out of the fund.

#### 11. Annual Report -

The Board of Trustees shall prepare and place before the Board of Directors of the Corporation, an annual report, on the working of the scheme.

#### 12. Abuse/Misuse of welfare -

- (1) If it is found, at any time, that a Subscriber has misused any welfare admissible under the scheme, he will be permanently debarred from availing the welfare under this scheme.
- (2) The Financial Advisor of the Corporation, who is also the administrator of the fund, if satisfied that a Subscriber has abused/misused the welfare, shall be competent to pass final order under Sub- Para (1) above and no appeal shall lie against such order, to the BOT.

#### 13. Meetings and Quorum

- (1) Meeting of the BOT shall be held half yearly with at least five members of the Trust.

- (2) Every issue shall be decided by majority of votes, of the Trustees present and voting. In the event of equality of votes the Chairman shall have a casting vote. Provided that the chairman may, if he thinks fit, direct that any question shall be decided by circulation.
- (3) The minutes of meeting of the BOT, showing inter alia the name of trustees present, shall be recorded in the minute's book as a permanent record, to be maintained by the Secretary of the Trust.



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REMWS - 1

RAJASTHAN STATE ROAD TRANSPORT CORPORATION  
FORM NO. RSRTC REMWS - I

Bill No. .... Dated .....

OFFICE OF THE .....

SCHEDULE OF DEDUCTION  
(Under para 14 of REMWS Scheme)

S. No.	Name of employee	Designation	Pay	Amount

*Handwritten mark*

Signature .....

(of the Head of Office)

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REMWS - 2

RAJASTHAN STATE ROAD TRANSPORT CORPORATION RETIRED EMPLOYEES  
MEDICAL WELFARE SCHEME

- 1. Name of Subscriber :
- 2. Date of retirement :
- 3. Name of office where last employed :
- 4. Basic pay at the time of retirement (RPB + GP) :
- 5. Designation with pay scale :
- 6. CPF Account No./PPO No.
- 7. Permanent Address
- 8. Validity Annual/whole life

Joint photo of husband  
& wife attested by  
Head of office

Name	Father's Name	Age	Signature
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Self

Wife/husband

*Handwritten initials*

.....  
.....

I hereby declare that above particulars are correct and nothing has been  
concealed.

Attested By

Head of office

Full signature of the Subscriber

\_\_\_\_\_



### ESSENTIALITY CERTIFICATE

I Certify that Mrs./Mr./Miss .....  
 Wife/Son/Daughter/ Father/Mother of ..... a retd. employee of  
 the ..... had/has been under treatment of the  
 Hospital Indoor/Outdoor/in my consulting room and that the under mentioned medicine, prescribed by me,  
 are/were not stocked in the ..... Hospital/Dispensary, for the  
 supply to the private and do not include proprietary medicines/preparation for which cheaper substance of  
 equal therapeutic value are available for preparation which are primarily foods, toilet, disinfectants.

S. No.	Cash Memo No. Date	Name of Medicines	Amount

Signature & Designation  
 Authorised Medical Officer

1. Certified that the patient is/was suffering from ..... disease and is/was under my treatment from ..... to .....
2. It is further certified that the disease mentioned above do not come under general disease, delirium/treatment.
3. The patient did not require/required hospitalisation, the case is/was definitely not one of prolonged treatment.
4. Certified that the treatment is over/continuing.
5. Entered at S.No. .... dated ..... in hospital/dispensary register.

Signature & Designation  
 Authorised Medical Officer

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Form of application for claiming reimbursement of Medical expenses incurred in connection with Medical Attendance and/or treatment of Subscribers under REMWS.

1. Name of Subscriber
  2. FFO No./CPF A/c No.
  3. Name of the patient and his/her relationship with Subscriber
  4. Details of claim
    - (i) Medicines purchased (cash memo attached)
    - (ii) Tests/investigations
    - (iii) Hospital accommodation
    - (iv) Other charges
    - (v) Total claim
    - (vi) List of enclosure
- Details of the Medicines purchased from market

S. No.	Cash Memo No. & Date	Name of the Shop	Name of Medicines	Amount

(applicable only for allopathic treatment in the cases where the claim is for an amount upto the limit prescribed for reimbursement on the basis of prescription of the authorized medical attendant)

6. Total reimbursement claimed prior to this bill

Certified that patient is wholly dependant upon me.

Signature of claimant  
(Subscriber)

Reimbursement paid so far Rs. .... in the year.

1. Amount of this Bill Rs.....
2. Total Rs .....

Passed for Rs .....(in wards) .....

Dy. General Manager (Pension)

Signature of claimant in token of receipt

(CASHIER)

Paid vide Cheque No.....  
Date ..... for Rs.....

FORM NO RSRTC REMWS- 5

STATEMENT OF MONTHLY BALANCE OF THE FUND  
(UNDER PARA 10 (4) OF THE RSRTC REMWS SCHEME)

Name of Office .....

Opening balance	Total Credits	Total Debits	Balance

*[Handwritten mark]*

Signature of the  
Authorised Officer

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REMWS-6

List of cheques issued/enclosed

During the month .....

CHEQUES ISSUED

S. No.	Cheque No. & Date	To Whome Issued	Amount

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Signature of the Authorized Officer