

Letter No. No.38/99/99-P&PW(C) , Government of India, Ministry of Personnel, Public Grievances & Pensions, (Department of Pension & Pensioners' Welfare), 3rd Floor, Lok Nayak Bhavan, Khan Market, New Delhi-110003.

Dated the 17th April, 2000

OFFICE MEMORANDUM

Subject: Implementation of Government's decision on the recommendations of 5th Central Pay Commission – Grant of fixed medical allowance @ Rs.100/- p.m. to Central Government pensioners residing in areas not covered under CGHS.

The undersigned is directed to refer to this Department's O.M.No.45/57/97-P&PW© dated 19.12.1997, 24.08.1998 and 30.12.1998 on the subject noted above and to say that pensioners, who are living in CGHS covered cities, but whose places of residence are not served by any CGHS dispensary, have been representing for grant of medical allowance of Rs.100/-p.m. The matter has been reconsidered in consultation with the Ministry of Health and Family Welfare. It has now been decided that medical allowance @ Rs.100/-p.m. shall be granted to such Central Civilian Government pensioners, if their places of residence are not served by CGHS or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, even though the places residence may fall within the limits of a CGHS covered city, subject to their furnishing the following documents:-

An undertaking in the following format:

I _____, a retired employee of _____
(Office Address) _____ declare that I am residing at
_____ (Residential Address indicated in PPO)
_____, which area is not covered under
CGHS or any corresponding Health Scheme administered by the Ministry/Department of
_____, (as the case may be). I have also not obtained and do not wish to
obtain a CGHS Card and avail out-door facilities under CGHS/Corresponding Health
Scheme of other Ministries/Departments from any dispensary situated in an adjoining
area.

(2) A certificate from the medical authorities of CGHS or from authorities of corresponding Health Schemes of the concerned Ministries/Departments, as the case may be, that the area where the pensioners is residing is not served by any dispensary under CGHS or the Corresponding Health Scheme administered by the Ministry/Department.

2. All the pension disbursing authorities are required to obtain the above certificates from such pensioners in CGHS covered cities before payment of medical allowance is made. An entry to this effect should be made in both halves of their PPOs.

(SUJIT DATTA)

Director (PW)

To
All Ministries/Departments of Government of India.

From:
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.....
.....

Date: 20..

To,
Director, CGHS
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.....

Certificate

Sir,

I possess/wish to obtain CGHS Card for indoor treatment only. Please modify my card accordingly and return my existing card/ issue new card accordingly. I also request you to issue me certificate that the card is valid only for indoor treatment and shall not be used for OPD treatment. Necessary certificate as required from me, vide Letter No.38/99/99-P&PW(C) Dated the 17th April, 2000 from Government of India, Ministry of Personnel, Public Grievances & Pensions (Department of Pension & Pensioners' Welfare) is given below.

My residential address is as given above. I have revised/ not revised my residential address. Nearest CGHS dispensary is/ is not within 8 km distance i. e. my residence is / is not within the radius of 8 km of nearest CGSH dispensary.

Kindly revise my card / issue me card and the certificate that the card is only valid for indoor treatment and not valid for OPD treatment. Certificate is necessary for endorsement on my PPO from appropriate authority.

Thanking you in anticipation.

Yours Faithfully,

Enclosures: Photocopy of PPO
Existing CGHS Card

(Name and signature)

Undertaking for Medical Allowance

As per Letter No.38/99/99-P&PW(C) Dated the 17th April, 2000 from Government of India, Ministry of Personnel, Public Grievances & Pensions (Department of Pension & Pensioners' Welfare) sent To All Ministries/Departments of Government of India.

I _____, a retired employee of _____
(Office Address) _____ declare that I am residing at
_____ (Residential Address indicated in PPO)
_____, which area is not covered under
CGHS or any corresponding Health Scheme administered by the Ministry/Department of
_____, (as the case may be). I have (also not) obtained CGHS card
(bearing No. However, I do not wish to avail OPD facilities from CGHS) and do not
wish to obtain a CGHS Card and avail out-door facilities under CGHS/Corresponding
Health Scheme of other Ministries/Departments from any dispensary situated in an
adjoining area.

Signature and Name of Pensioner/Family Pensioner