

राइट्स लि./ RITES LTD.
प्रधान कार्यालय, गुडगांव/ CORPORATE OFFICE, GURGAON
मानव संसाधन (कल्याण अनुभाग)
HUMAN RESOURCES (WELFARE SECTION)

RITES/PERS/40/MEDICLAIM/2024
Dated: 12.12.2024

OFFICE ORDER NO./PP/58/2024

Sub: Updation of details of dependent family members - Group Mediclaim Insurance Policy for the year 2025 (For RITES Regular, Contract employees in pay scale and Deputationists)- Reg.

1. The process for medical insurance coverage for RITES regular employees (including Contract employees in IDA Pay scale) and Deputationists & their dependent/s for the year 2025 as per the definition of dependents as mentioned in the HRM Manual Chapter – VII of Medical Attendance Rules, Sec – I, Para – 3.1 (which is reproduced below), has already been initiated.

“Family” will include

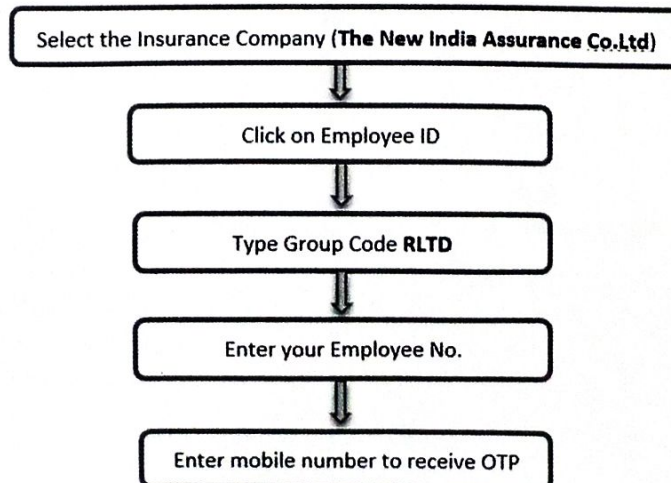
- I. Wife or husband
- II. Unmarried daughters/ step daughters/ sisters
- III. Sons/ step sons of employees below the age of 25 years who are wholly dependent on the employee
- IV. Widowed daughters/ step daughters who are wholly dependent on the employee
- V. Dependent parents
- VI. Minor (below the age of 18 years) dependent brother

Note:-

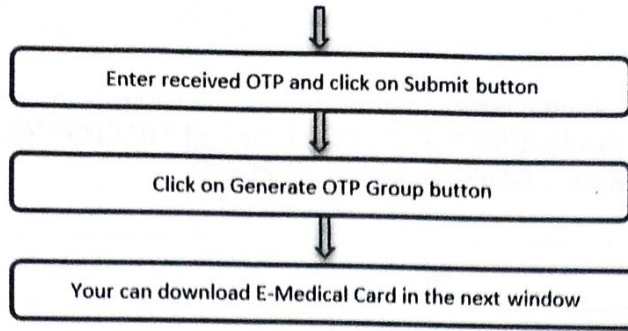
1. The family members from S. No. (II) to (VI) above should be wholly dependent on and residing with the employee and income from all the sources put together should not exceed Rs. 9,000/- p.m. (excluding dearness allowance/ reliefs on pension, if any).
2. If both husband and wife are employees of the Company, only one of them may avail of the benefits of these rules for the family according to their option.
3. All employees are required to give a declaration to this effect in the prescribed form in order to claim medical benefits.

2. The details of the respective dependent family members who are included under Group Mediclaim Insurance Policy for the year 2024 are available on the service provider site and can be accessed by following the below-mentioned steps.

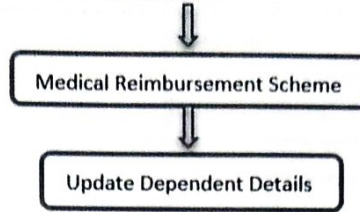
3. Go to <https://www.paramounttpa.com/Home/instantEcard.aspx>-



[Handwritten Signature]



4. The same data is also available on ESS Portal under



Employees are advised to go through the data available (on both TPA website and ESS Portal) and ensure that the details given therein are correct.

5. In case, there is addition/deletion/updation of dependent family members due to marriage, newborn baby etc, the same gives rise to the requirement to fill up "**Dependent Declaration form - 2025**" (**Annexure - A**) available in ESS portal under Medical Reimbursement Scheme, which is to be uploaded against employee name row. Other supporting documents viz. Adhaar Card etc. are to be uploaded against each dependent member row. **Please note that Annexure - A is not to be uploaded against each dependent member row in case of dependents.**

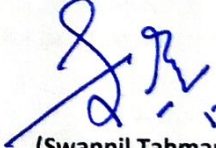
6. Employees must declare their respective dependent family members by following the steps as mentioned in Para -5 above even if they have declared the same earlier and/or even if there is no change in the dependent details. The above is to be done latest by **15:00 hours on 22.12.2024 failing which benefit of insurance coverage shall not be initiated by insurance service provider at the time of treatment.**

It is reiterated that submission of any false/incorrect dependent details or claims by employee (s) shall render the employee concerned liable for action as per Company rules.

All Vertical/Regional/PU/Sub - Unit Heads are requested to bring the contents of the circular to the notice of all employees working under their control for their information and further necessary action at their end on priority so that the employees and the respective eligible dependent family members continue to avail this service.

In case of any clarification, employees may please contact **Shri Sumit Kumar Saxena, AM/HR on Mobile No. 7416250755** or **Shri Murlidhar Pratihar, SO (HR)/Welfare on Mobile - +91 8800132676.**

This issues with the approval of the Competent Authority.


(Swapnil Tahmankar)
JGM (HR)/Welfare
12/12/2024

Distribution: As per standard mailing list

Secy. CONCERT

IT division: To kindly get the above circular uploaded on RITES ESS portal

**SELF & DEPENDENT DETAILS FOR GROUP MEDI-CLAIM INSURANCE POLICY
FOR THE CALENDAR YEAR – 2025**

Employee Name		Employee No.	
Designation		Division	
Mobile No.		Controlling Officer/ SBU Unit-Head	
Class of Entitlement		E-Mail Id	
Place of Posting		Date of Joining	

SN	Name (Including self)	DOB	Gender	Relation	Whether working/ not working ** (if working, show monthly income)	PAN CARD No.
1						
2						
3						
4						
5						
6						
7						

DECLARATION

- I do hereby declare that my following dependent family members with relevant particulars shown against each for the purpose of Mediclaim facilities are fully dependent upon me. I further declare that the dependents (excluding spouse) for whom reimbursement is being claimed is residing with me and their income from all sources put together does not exceed minimum family pension prescribed in Central Government (at present Rs. 9000) (Excluding dearness allowance/reliefs on pension, if any)
- I shall notify the changes in the dependency on any of the account, if any when arise.
- I will not avail the Medi-claim/Medical facility from Parent Organisation (**applicable in case of Deputationists only**)

Signature of Employee

Date:

Place:

Signature of Controlling Officer

Signature of Sub-Unit Head

