

No RITES/ PERS/ 40/ Medclaim/ 2023

Dated: 21.12.2023

Office Order No WL/ 51/2023

Sub: Life Certificate for Retired employees under PRMS

Ref: OO No WL/40/2023 dt 10.10.2023

1. Vide above referred Office Order, all eligible retired employees covered under Post Retirement Medical Scheme were requested to fill in Life Certificate for taking of Medclaim policy for Calendar year 2024 by 31.10.2023.
2. It has been observed that despite issue of instructions as well as follow up over Mobile/ Whatsapp; several employees have still not submitted their Life Certificate as per the prescribed format to RITES.
3. Life certificate being a pre-requisite for coverage under the instant insurance policy as well as processing of claims; absence of the same might lead to non-coverage under the medical facility (both IPD & OPD).
4. Keeping the above in view; all retired employees are once again requested to submit their Life Certificate latest by **26.12.2023 1 PM** through email/ Whatsapp at following address:

Sh Rajeev Sethi
Retirement Cell
Email id: rajeev.sethi2@rites.com
Whatsapp No: 9953241425

5. This issues with the approval of Competent Authority.


DGM(HR)/Welfare

No. RITES/PERS/40/MEDICLAIM/2023

Dated: 10.10.2023

OFFICE ORDER NO. WL/40/2023

Sub:- Life Certificate for Retired Employees Under PRMS

All eligible retired employees covered under Post Retirement Medical Scheme are requested to fill in Life Certificate uploaded at RITES.COM [Ex-employee corner] for the purpose of updating records in connection with Medi-Claim policy for Calendar Year 2024. The Life Certificate may please be sent by post OR scanned copy of the same by E-Mail / Whatsapp at the following address on or before 31.10.2023:

RAJEEV SETHI
RETIREMENT CELL
ROOM NO. R-2-69
SHIKHAR,
PLOT NO.1, SECTOR-29
GURGAON-122001

Email ID: rajeev.sethi2@rites.com

WhatsApp No. 9953241425

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10/10/23

DGM/ Welfare

BITES LTD.
SHIKHAR, PLOT NO. 1, SECTOR-29, GURGAON-122001

LIFE CERTIFICATE

DGM / Welfare
BITES Ltd.
Gurgaon

Employee No. _____

Particulars	Mr./Ms.	Alive As On Date (Please tick relevant box)
Employee Name		<input type="checkbox"/> Yes / <input type="checkbox"/> No
Spouse Name		<input type="checkbox"/> Yes / <input type="checkbox"/> No
Differently Abled Child name		<input type="checkbox"/> Yes / <input type="checkbox"/> No

Signature of employee

(Signature of spouse in case
employee is not alive)

Date:

Address:

Mobile No.