

**IFFCO EMPLOYEES BENEVOLENT TRUST**

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## **IFFCO EMPLOYEES BENEVOLENT TRUST**

### **Salient Features of the IFFCO Employees Benevolent Trust**

<b>Name:</b>	The name of the Trust is IFFCO Employees Benevolent Trust
<b>The Head Office:</b>	The Office of the Trust is located at IFFCO Sadan, C-1, District Centre, Saket Place, New Delhi-110 017

### **MAIN FEATURES OF THE PRESENT SCHEMES**

<b>Scheme A:</b>	Assistance Scheme
<b>Objective:</b>	To provide support, financial or other assistance, to the dependent family members who is the nominee of the member who dies while in service in IFFCO.
<b>Effective Date:</b>	The scheme has come into force w.e.f. 1st February, 1994.
<b>Contribution:</b>	All the employees on the permanent roll of IFFCO contributes Rs.50/- per month to the Trust or any amount as may be decided by the Trust from time to time. IFFCO contributes Rs.100/- per month per member employee. Further IFFCO is contributing 1.00% of the distributable profit annually to the Trust. Out of the distributable profit 40% is the share towards assistance scheme. The employee's contribution of Rs.50/- is recovered by IFFCO from the monthly salary.
<b>Type of Assistance:</b>	<ul style="list-style-type: none"><li>i) With effect from 1.07.2011 lump sum amount payable to the nominees of the deceased employee, is Rs.2,00,000/- in the form of immediate financial assistance.</li><li>ii) In addition to the lump sum payment, it has provision for monthly payment for a period of seven years to the extent of Rs.7500/- per month.</li></ul> <p>The amount of Rs.7500/- p.m. is</p>

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payable for 84 months or till the notional date of retirement age of 60 years of the deceased member whichever is earlier.

The Trust reserves the right to increase/decrease the financial assistance at any time.

Immediately on the death of any member, P&A Deptt. of the concerned Unit shall inform the Trust. Particulars of the deceased member as per Proforma-I shall also be sent.

### **Procedure of Claim:**

Normally member is required to submit a separate nomination form for Benevolent Trust and the nominees as mentioned in the form shall be entitled for lump sum amount and monthly pension. In case nomination for Benevolent Trust is not available, nomination form of PF Trust is used.

On receipt of the above information, cheque/DD for Rs.2,00,000/-, after deduction of funeral expenses, if any, already paid by the Unit, favouring the nominee shall be sent to the concerned Unit for onward transmission of the same to the nominee of the deceased member.

Payment of monthly pension of Rs.7,500/- per month shall start from the next month of death of the member. The nominee of the deceased member shall submit a Life Certificate as per Proforma-II in the month of April every year. Further a Certificate regarding Age /Marriage/Re-marriage shall also be submitted as per Proforma-III 'A' or III 'B' as the case may be in the month of April every year. In case of change of martial status Trust should be informed immediately by the nominee.

The above monthly pension will be discontinued on re-marriage of spouse. In case of children, pension will be stopped on marriage or attaining the

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age of 25 years whichever is earlier, in case of son and on marriage in case of daughter. Pension stopped due to above reasons will be re-appropriated amongst the other nominees if any.

### **Scheme B Post Retirement Medical Assistance Scheme**

<b>Name:</b>	Name of the scheme is Post Retirement Medical Assistance Scheme
<b>Objective:</b>	To provide Post Retirement Medical Assistance to the superannuated members and their spouses as well as the surviving spouses of the members who die while in service.
<b>Eligibility:</b>	All members who retire from IFFCO on superannuation on or after 1st April, 1997 will be eligible alongwith their spouse. Members taking VRS from IFFCO as per Service Rules Clause No.9.2 at the age of 58 years will also be entitled for Post Retirement Medical Assistance Scheme. However, in the event of death of any member of the Trust before his/her superannuation from IFFCO the surviving spouse will be eligible for the medical assistance.
<b>Contribution:</b>	All the employees on the permanent roll of IFFCO contributes Rs.50/- per month to the Trust or any amount as may be decided by the Trust from time to time. IFFCO contributes Rs.100/- per month per member employee. Further IFFCO is contributing 1.00% of the distributable profit annually to the Trust. Out of the distributable profit 60% is the share towards Medical Assistance Scheme. The employee's contribution of Rs.50/- is recovered by IFFCO from the monthly salary.
<b>Type of Assistance:</b>	Two types of Medical Assistance are

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available to the retired members/spouses viz.

- i) Domiciliary Assistance and
- ii) Hospitalisation

### **Amount of Assistance/Limits**

#### **i) Domiciliary Assistance**

Under Domiciliary Assistance, expenditure upto a limit of Rs.6000/- per annum in each financial year (April-March) is reimbursed to the members annually. However, in the event of death of either the member or his/her spouse, the upper ceiling will be reduced proportionately from the next month of the death. To explain, if death of the member or his/her spouse occurred in September, Domiciliary Expenses for the financial year will be Rs.3000/- (for surviving member or spouse) + 1000/- (for deceased member or spouse) i.e. Rs.4000/-. Thereafter from the next financial year only Rs.3000/- is reimbursed annually w.e.f. 01.04.2011.

The Trust reserves the right to increase/decrease the limit of Domiciliary Expenses at any time.

#### **ii) Hospitalization Assistance**

Under Hospitalization Assistance, a Group Medishield Policy w.e.f. 1st August, 2011 for Rs.1.25 lakh for each retired member has been taken from ITGI. A cover of Rs.1.25 lakh has also been taken for spouse of the retired member/deceased member while in the service. Where both member and spouse are alive, floater benefit is also available in the policy. To explain, if member or spouse is hospitalized and an amount of Rs.1.50 lakh has been incurred, the claim shall be reimbursed upto an amount of Rs.1.50 lakh and Rs.1.00 lakh (left over balance) will be available for claim during the period of policy.

In addition to the above, retired

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employee may opt for enhancement in Insurance Policy upto a limit of Rs.5.00 lakh by paying the additional premium over and above Rs.2.50 lakh. This enhancement will be on floater basis. For example, if an employee wants to avail the maximum limit of Rs.5.00 lakh, he is required to pay additional premium for Rs.2.50 lakh only. The cover will be for Rs.2.50 lakh each for the employee and his/her spouse on floater basis for an amount of Rs.5.00 lakh. If an employee desires to avail this facility, he must send his application on or before 1<sup>st</sup> August each year i.e. the renewal date of Medishield Policy. The amount of additional premium will vary year to year depending upon the premium structure of ITGI. The information as regards the additional premium may be obtained from the Secretary, IEBT or Ms.Shashi Prabha, IEBT over telephone or through E-mail.

The Trust reserves the right to increase/decrease the amount of insurance cover.

### **Minimum Contribution**

To avail the benefit of Medishield Policy, a minimum contribution of Rs.12,500/- is required. Suppose the contribution made by a member till the date of superannuation is Rs.2000/-, in such case the concerned member has to deposit Rs.10,500/- towards the shortfall amount thus making the total contribution to Post Retirement Medical Assistance of Rs.12,500/-. However, in case of death of the member while in service, shortfall amount shall not be collected from the spouse. In case of non payment of shortfall amount, insurance cover will be restricted to Rs.25,000/- per annum for the member and the spouse.

The Trust reserves the right to increase/decrease the contribution.

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### **Submission of Documents**

Member has to submit two stamp size photographs of self and spouse alongwith details required for Group Medishield Policy as per proforma-IV attached at the time of superannuation alongwith differential contribution as mentioned above through P&A of the Unit concerned. No differential contribution is to be paid by the spouse of the deceased member while in service. However, two stamp size photographs of the spouse shall be sent to Trust by the P&A of the Unit for including the name of the spouse in Medishield Policy.

### **Medicard**

Paramount Healthcare Services Ltd. shall issue a Photo Medicard which will identify that the person taking treatment is insured under the above policy and thus have access to network hospitals of PHSL. The Medicard bears date of birth, membership number, name, sex, date of validity and name of the corporate. Medicards will have validity for five years

### **Procedure of claim:**

- i) **Domiciliary** - Claims of medical expenses for reimbursement are to be made in the prescribed form annually as per Proforma-V. No advance payment will be made.
- ii) **Hospitalisation** - ITGI has appointed Paramount Healthcare Services Pvt. Ltd. (PHSL) as third party administrator. No cash payment will be required to be made for the treatment taken from the hospitals under network of the PHSL. If the treatment is taken from hospitals which are not covered by PHSL, the member shall inform to the PHSL as soon as the treatment is started and later on shall submit his claim for reimbursement to

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PHSL. The treatment and the hospital should be within the guidelines prescribed in the policy. Details of the network hospitals and details regarding other matters can be had from the web site [www.phmhealth.com](http://www.phmhealth.com)

### **Certificate of Life:**

All the members have to submit claim towards domiciliary expenses as per Proforma-V, alongwith a life certificate for self and his/her spouse in the specified form as per Proforma-VI once in a year in the month of April of each year certified by Pradhan Gram Panchayat/Patwari, any Trustee of the Trust or any Area Manager/State Marketing Manager/ZM, GM of the Unit or officer of the rank of Chief Manager & above or any Doctor of Government Hospital, or Gazetted Officers or Manager of the Bank in which Bank Account of the member/spouse is maintained.

In the event of death of any member/spouse, the surviving member/spouse should inform the death to Trust within one month of the death, mentioning the date of death.

### **Mode of payment/Reimbursement:**

#### **Domiciliary Expenses**

All payments will be reimbursed by cheques/drafts issued from New Delhi or from the Units/Zonal Offices from where the member superannuated.

In the normal course, employee shall be entitled to claim medical expenses etc., from where he/she superannuated. Since the payment of domiciliary expenses has been decentralized, member has the right to change Unit once from where he/she wants the payment to be released. To avail this facility member has to write to the Unit from where he/she superannuated requesting for the change of the Unit. The concerned Unit after making a

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record of the same shall inform to the other Unit for the same with a copy to the Trust Office at Delhi. Thereafter the payment towards Domiciliary Expenses shall be made from the changed Unit/ZO.

### **Hospitalization Expenses**

No cash is to be paid if treatment is taken from Hospitals under network of PHSL. However, if the expenditure is higher than the insured amount, the balance will be paid by the member himself/herself.

Reimbursement of treatment upto the insured limits can be claimed from PHSL, if the treatment is taken from Hospitals other than the network.

### **Members on Deputation**

Members posted on deputation to other organisation promoted by IFFCO have to bear all costs i.e. Members' as well as IFFCO's contribution for maintaining their membership of the BFT. Such members have to deposit the subscription as mentioned above in advance and will cease to be a member as soon as they are absorbed there.

### **Discontinuation of Membership**

A Registered Letter/By Courier shall be sent to the member/spouse at the last address known in case member/spouse have not claimed domiciliary expenses for a continuous period of three years and if no reply is received within a month, member/spouse name shall be removed from the Insurance Policy.

If name of any member/spouse is removed from the Insurance Policy on account of any reason and he/she approaches afterwards for inclusion of the name in the policy and claims domiciliary expenses for the years for which claims have not been made by him/her, a token fee of Rs.1000/- shall be charged. Further bills towards domiciliary expenses in above cases will be reimbursed only for the three preceding years from the date when the

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claim is preferred after adjusting Rs.1000/- towards renewal fee, claims for the earlier period will be treated as time barred.

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### **Details of Various Attachments :**

#### **Proforma-I**

**The Secretary,  
IFFCO Employees Benevolent Trust,  
IFFCO – Sadan  
C-1 District Centre,  
Saket, New Delhi 110 017**

#### **SUBJECT: PARTICULARS OF THE DECEASED EMPLOYEE**

- |   |   |  |
|---|---|--|
| I) Name -----   | : | II) P.No. ;-----                             |
| III) Designation -----  | : | iv) Unit :-----                              |
| iv) Whether he is a member of Benevolent Fund Trust and contribution deducted From salary and sent to HO. If any amount Outstanding(Please specify) | : | Yes – Contributory Member Outstanding Amount |
| Vii) Any undeducted contribution  | : | -----  |
| VIII) a) Name of nominee as per declaration of employee in BF/PF declaration available in Unit Pers. Deptt. (IN BLOCK CAPITALS)                     | : | -----  |
|   | : | -----  |
| b) Date of Birth/Age  | : | -----  |
| c) Enclose photocopy of Nomination form   | : | -----  |
| ix) Settlement address of the nominee for sending monthly payment (IN BLOCK CAPITALS)   | : | -----  |
|   | : | -----  |
| x) Amount paid towards funeral expenses or any other amount paid to nominee TOTAL/AMOUNT  | : | -----  |
| xi) Whether any dependent member family member(s) employed in IFFCO. If so give Name. P.No. and date of joining IFFCO                               | : | -----  |

**DY.GENERAL MANAGER(P&A)**

Two stamp size photographs of the spouse shall also be sent.

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**Proforma-II**

**LIFE CERTIFICATE**

I hereby certify that \_\_\_\_\_ has put his/her signature before the undersigned, on the date and place mentioned below:-

\*He/She is not a minor.

\*He/She is a minor and operating bank account under the guardianship of Shri/Smt \_\_\_\_\_ who has put his/her signature before the undersigned.

\_\_\_\_\_  
Signature of Beneficiary

Signature of Branch Manager

Name \_\_\_\_\_

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Signature of Guardian

Stamp \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

\*Delete whichever is not applicable

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**Proforma-III-A**

**IFFCO EMPLOYEES BENEVOLENT TRUST**  
**IFFCO SADAN C-I DISTRICT CENTRE,**  
**SAKET PLACE, NEW DELHI-110 017**

I \_\_\_\_\_ wife of Late Shri \_\_\_\_\_ am receiving pension of Rs. \_\_\_\_\_ from IFFCO Employees Benevolent Trust since \_\_\_\_\_ and my date of birth is \_\_\_\_\_

I, hereby certify that I have not remarried and eligible for getting pension as per provisions of Trust. I also promise that I will inform the Trust immediately on my remarriage.

Place: \_\_\_\_\_

Signature of Nominee

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Proforma-III B**

**IFFCO EMPLOYEES BENEVOLENT TRUST**  
**IFFCO SADAN C-I DISTRICT CENTRE,**  
**SAKET PLACE, NEW DELHI-110 017**

I \_\_\_\_\_ Son/Daughter of Late Shri \_\_\_\_\_ am receiving pension of Rs. \_\_\_\_\_ from IFFCO Employees Benevolent Trust since \_\_\_\_\_ and my date of birth is \_\_\_\_\_

I, hereby certify that I am still unmarried and have not attained the age of 25 years eligible for getting pension as per provisions of Trust. I also promise that I will inform the Trust immediately on my remarriage.

Place: \_\_\_\_\_

Signature of Nominee

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Proforma-IV**

**Details of Employees of IFFCO (Member of Trust)**  
(Enclose two stamp size photographs)

**Name** : \_\_\_\_\_  
**Personal No.** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
\_\_\_\_\_  
**Pin** \_\_\_\_\_ **Tele.** \_\_\_\_\_  
**Email Address** : \_\_\_\_\_  
**Date of Birth** : \_\_\_\_\_  
**Date of Retirement** : \_\_\_\_\_  
**Unit last served** : \_\_\_\_\_

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**Details of Spouse of Employees of IFFCO**  
(Enclose two stamp sized photographs)

**Name of Spouse** : \_\_\_\_\_  
**Date of Birth** : \_\_\_\_\_

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**Details of Demand Draft**

**Demand Draft No:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Amounts : Rs.** \_\_\_\_\_  
**Issued By:** \_\_\_\_\_  
**Date** : \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Full Name:** \_\_\_\_\_

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**PROFORMA-V**

**IFFCO EMPLOYEES BENEVOLENT TRUST**  
**POST- RETIREMENT MEDICAL ASSISTANCE**

1. Name of the member.....  
(in block letters)  
Designation at the time of retirement.....

Name of the spouse .....  
(in block letters)

2. Personal No. (at the time of retirement).....

3. Date of Retirement/Death.....

4. a) Unit/Office from which retired.....  
b) Unit/Office Opted for Payment.....

5. Residential Address.....  
With pin code  
Tele.No.).....

E-mail address.....

Certified that I have incurred medical expenses of more than  
Rs.....during the financial year.....

I declare that the above statement made by me is true to the best of  
my  
Knowledge and belief.

Date:

(Signature of member/ spouse)

Place:

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**Proforma-VI**

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**IFFCO Sadan , C-1 District Centre,**  
**Saket Place New Delhi – 110 017**

To be prescribed by the person(s) receiving the Medical/Assistance

**LIFE CERTIFICATE**

I hereby certify that Mr.....& Mrs.....  
have personally put their signatures below before the undersigned on the date and place  
mentioned below.

.....  
Signature of member

Name .....  
Officer certifying/  
Designation.....  
Stamp.....

Signature of spouse

Date.....  
Place.....

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Annexure-I

CLAIM NO. \_\_\_\_\_

## MEDISHIELD CLAIM FORM

Issuance of this form does not amount to admission of any liability under claim on the part of the Insurers.

Please give the following information correctly and completely to enable the Company to process your claim promptly.

<b>Policy No.</b>	
<b>Name of the Insured (in whose name policy is issued)</b>	
<b>Details of Insured Person (in respect of whom claim is made)</b>  <b>Name/Relationship to the insured</b>  <b>Present complete age</b>  <b>Occupation</b>  <b>Residential address</b>	
<b>Nature of Disease/illness contracted or injury Suffered</b>	
<b>Date of injury sustained or Disease/illness first Detected</b>	
<b>Name &amp; Address of the attending Medical Practitioner</b>  <b>Qualification &amp; Tel. No.</b>  <b>Registration No.</b>	

<b>Date of discharge</b>	<b>Date</b>	<b>Month</b>	<b>Year</b>
<b>If the claim is for Domiciliary Hospitalisation, Please Indicate</b>			
<b>Date of Commencement of Treatment</b>			
<b>Date of Completion of Treatment</b>			
<b>Name &amp; Address of the attending Medical Practitioner</b>			

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<b>Telephoe No.</b>			
<b>Registration No.</b>			

I have incurred on the treatment of disease/illness/Accident referred to above, the expenses as per the details given by me in the Schedule Expenses given Overleaf. In support of the above claim I enclose the following documents (please indicate)

1. Bill, Receipt and discharge certificate /Card for the Hospital.
2. Cash Memo's from the hospital/Chemist(s) y proper prescription.
3. Receipt and Pathological test reports from a pathological supported by the note from the attending Medical Practioner/surgeon demanding such Pathological tests.
4. Surgeon's Certificate starting nature of the operation performed and surgeons bill and receipt.
5. Attending Doctor's/consultant/Aneasthetist' bill and receipt/certificate regarding diagnosis.
6. Incase of domiciliary hospitalisation, receipt from qualified nurse who attend the patient at his/her residence duly supported by a certificate attending Medical Practitioner.
7. Certificate from attending Medical Practitioner giving reasons for allowing treatment at Home.
8. Certified from attending Medical Practitioner/Surgeon that patient fully cared.

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, y right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that,in respect of the above treatment, n benefits are admissible under my other medical scheme or insurance.

Dated

This----- day of ----- 20-----

Signature of the claimant.

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### **VARIOUS USEFUL ADDRESSES**

- A. Paramount Health Services Ltd,  
D-39, Okhla Industrial Area,  
Phase-I, New Delhi-110020  
**Tel. no- 011-41637394/95/96,**  
**Fax no.- 011-41637592**  
Contact- Ms Nidhi Badoni  
Dr. Suman Singh Tilak- Mob; 9313887045
- B. Mr Lakkam Ramesh G,  
Elite Auto House, Ist floor,  
54-A, M VasANJI Road,  
Off. Andheri Kurla Road,  
Chakala Andheri (East)  
Mumbai-400093,  
Tel. no- 0932-3036116  
Web Site; phmhealth.com
- C. IFFCO Tokio Eeneral Insurance co. Lt.,  
505, Kailash Building,  
26, Kasturba Gandhi Marg,  
New Delhi-110001  
Mob; 08800330210  
Web Site.; itgi.co.in
- D. Sh A.K.Ghosh,  
Secretary,  
IFFCO Employees Benevolent Trust,  
IFFCo Sadan, C-I Distric. Centre,  
Saket Place, New Delhi-110017  
Tel.no-011-40592958/40592939  
[Email-akghosh@iffco.in](mailto:Email-akghosh@iffco.in) / bentrust@iffco.in