

दूरभाष: 0712-2590050, 2806100

## मॉयल लिमिटेड

(भारत सरकार का उपक्रम)

मॉयल भवन, 1 ए काटोल रोड, नागपुर - 440 013

वेबसाइट: [www.moil.nic.in](http://www.moil.nic.in)

CIN No.:L99999MH1962GOI012398

PHONE : 0712-2590050, 2806100

## MOIL LIMITED

(A Government Undertaking)

MOIL Bhavan, 1A, Katol Road, NAGPUR-440 013

Website: [www.moil.nic.in](http://www.moil.nic.in)

CIN No.:L99999MH1962GOI012398



MOIL/PERS/MED.INS./2020-21/131

Date: 01/08/2020

### CIRCULAR

Company is pleased to inform that in addition to regular insurance coverage under the Company's Group Medical Insurance Policy for Retired Employees of MOIL, effective from 01-4-2020 to 31-3-2021, Super Top Up Coverage is also extended to all the retired employees, their spouse, Physically/Mentally Challenged Dependent Son/Daughter (as the case may be) under the same policy. With this, total coverage for the said period at the cost of the Company shall be as under;

Sr. No	Category,	Basic Sum Assured (Existing)	Super Top Up	Basic Sum , Assured (Revised)
1.	Retired P.R. Workers/ Non-Executive at the level of NE 01 up-to 07 NE 10	Rs.1.50 lakh	Rs. 2.00 lakh	Rs.3.5 lakh
2.	Retired Executive at the level of E0 to E5	Rs.3.00 lakh	Rs.3.00 lakh	Rs.6.00 lakh
3.	Retired Executive at level of E6 and above.	Rs.4.50 lakh	Rs.5.00 lakh	Rs.9.50 lakh

Moil is paying the entire premium with the following conditions:

1)The present annual registration charges towards renewal amount of Rs.100.00 (For PRW), Rs.150.00 (For Non-Executive at the level of NE 01 to NE 10),Rs.200.00 (E0 to E7) and Rs.250.00 (E8 & above) has been revised as one time amount of Rs.2,000.00 (For PRW & NE 01 to NE 10),Rs.4,000.00 (For E0 to E5), Rs.5,000.00 (For E6 to E9) and Rs.6,000.00 (For CMD & Directors ) respectively in lump sum to be paid in favour of MOIL Limited by RTGS/NEFT/Cheque.

2)For the current year i.e.01-4-2020 to 31-3-2021, if the Insured Person have already paid the old renewal amount of Rs.100/150/200/250 whichever is applicable, they need to pay the balance of Rs.1,900.00/1,850.00/3,800.00/4,750.00/5750.00 respectively. If not paid till date, this amount in lump sum of Rs2,000.00/4,000.00/5,000.00/6000.00 (as the case may be )need to paid immediately in favour of MOIL Limited latest by 15-09-2020 by RTGS/NEFT/Cheque and proof in this regard need to be submitted to the Office of GM(Personnel) MOIL Limited at H.O.Nagpur. The details of Bank account of MOIL Limited are as under;

IN FAVOUR OF : MOIL LIMITED.

BANK NAME: IDBI BANK.

BANK ACCOUNT NUMBER: 041102000018027.

NAME OF THE BRANCH: CIVIL LINES NAGPUR.

MICR CODE: 440259002.

NEFT/TRS IFSC CODE: IBKL0000041.

TYPE OF BANK ACCOUNT: CURRENT ACCOUNT.

3) Further, every one shall submit the **Live-Certificate** every year by 30<sup>th</sup> September in respect of Self, Spouse, Physically/Mentally Challenged Dependent Son/Daughter (as the case may be) **in the proforma attached herewith** either through hard copy or email or by WhatsApp to the following mail id /Mobile numbers respectively , so as to enable to renew the policy for the coming year.

Mail id : [malewar@moil.nic.in](mailto:malewar@moil.nic.in) / Mobile No.7028177774.

Mail Id:poojaybbk@gmail.com/Mobile No. 7758044441.

4)This is necessary to avoid unnecessary payment of premium. Further, if the same is not received, it will be presumed that there is no need to renew the policy of that employee/spouse. If once the premium is discontinued it is not possible to include again to cover the employee/spouse in the subsequent years as per insurance company rules and will permanently out from the scheme as this is a customized scheme. Therefore, all the Insured Persons are requested to follow the requirements without fail in the interest of themselves.

For information the following facilities are added as a part of the scheme:


- 1.Cataract Operation subject to limit of Rs.35,000.00 each eye.
- 2.Cost of Spectacles subject to limit of Rs.5,000.00 per family.
- 3.Service Charges subject to limit of Rs.1,000.00 per hospitalization.
- 4.Hospital supply Consumables subject to limit of Rs.10,000.00 per hospitalization.

For details for the scheme all are requested to visit MOIL web site:[www.moil.nic.in](http://www.moil.nic.in).

The service providers for the aforesaid period are National Insurance Company Limited and Policy Number is 28130250100000510.Contact Person for the Insurance Company is Shri.Binay Kumar Branch Manager Local Branch & Mobile No.8411886154).The TPA is Genins India Insurance TPA Limited whose Contact Persons at Nagpur Office are Shri.Ashwin Ingle Mobile No.9225239307 and Dr.Swapnil Kale Mobile No. 9970284573.

Copy to:

1. Sectt. CMD,MOIL Limited, HO, Nagpur.
2. Sectt. Dir(P&P),MOIL Limited, HO, Nagpur.
3. Sectt. Dir(Fin)MOIL Limited, HO, Nagpur.

  
G.M.(Pers)  
10-8-2020

4. Sectt. Dir(HR), MOIL Limited, HO, Nagpur.
5. Sectt. Dir(Comm.) MOIL Limited, HO, Nagpur.
6. Sectt. CVO, MOIL Limited, HO, Nagpur.
7. E.D (Pers), (Tech), MOIL Limited, HO, Nagpur.
8. All HOD's, MOIL Limited, HO, Nagpur.
9. Agents Group I/II/III, Balaghat/Chikla/Munsar Mines, MOIL Limited.
10. Mine Managers, All Mines, MOIL Limited.
11. Liaison Office, MOIL Limited, New Delhi.
12. Secretary General, MKS, MOIL Limited, Nagpur.
13. Branch President/Secretary, MKS, MOIL Limited, Nagpur.
14. All Notice Boards, HO/Mines MOIL Limited.



To,

Date: 00/00/2020.

MOIL LIMITED  
1A, MOIL BHAWAN, KATOL ROAD,  
NAGPUR 440013.

Subject: SUBMISSION OF LIVE CERTIFICATE WITH REFERENCE TO COVERAGE UNDER  
GROUP MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES OF MOIL LTD.

Dear Sir,

This is to inform you that myself Shri. /Smt. ----- (Aadhar Card No.....) and my Spouse Smt. / Shri. ----- (Aadhar Card No.....) along with the dependent physically / mentally challenged Son /Daughter Shri. /Kumari ----- (Aadhar Card No.....) who is wholly dependent on me ( Strike out whichever is not applicable) are alive as on date and wish to be covered under the Group Medical Insurance Policy for the retired employees of MOIL LTD for the period 01/4/2021 to 31/3/2022. We have enclosed /attached self-attested copy of our respective Aadhar Card. Also enclosed handicap certificate for records.

Hence submitting this Live Certificate.

Yours sincerely,

(Signature)  
(Complete Name)  
(Complete Postal Address with Pin code).  
Email :  
Mobile Number :  
Land Line Number:  
Last serving Mine/Office:

To be Certified by the Personnel Department of Mine/ HO at the last place of work.

This is to certify that the above mentioned contents in this Certificate are true as per the records available before the Retirement /Separation.

Mine Manager/ HOD Personnel at HO

Signature :

Name of Certifying Officer:

Designation :

Location : (Name of Mines of MOIL)

Date of Issue:

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MANGANESE ORE (INDIA) LIMITED  
MOIL BHAWAN, 1-A, KATOL ROAD,  
NAGPUR - 440013

Ref. GR(P)/IR/10-11/214

Date: 18.08.2010

OFFICE ORDER

Subject: Medical Insurance Scheme for Retired Employees of MOIL.

The Board of Directors in their 273<sup>rd</sup> meeting held on 21.5.2010 have approved the introduction of Medical Insurance Scheme for Retired Employees of MOIL. The salient features of this scheme are as follows:-

- 1) Medical Insurance Policy for the Retired employees of MOIL shall be termed as "Group Medical Insurance Policy for Retired employees of MOIL".
- 2) The Scheme shall cover the following retired employees and their spouses:
  - a) All the employees who have put in, not less than 15 years service at the time of retirement.
  - b) All the employees who were granted VRS (Voluntary Retirement) & completed 15 yrs. of service.
  - c) All the employees who were declared Medically Unfit, while in service provided they have completed 15 yrs. of service.
  - d) All the employees, who died due to accident while in service, irrespective of the number of years of their service to MOIL.
  - e) All the functional Directors of the company, including the Chairman-cum-Managing Director, who have completed their tenure in office, as specified by the Govt. of India or attained the age of superannuation are eligible under this Scheme.
  - f) All the Widows/Widowers of the above categories of retired employees, subsequent to their death.
- 3) This Medical Insurance Scheme shall be cashless and shall provide for reimbursement of expenses, incurred during hospitalisation and cost of medicines incurred thereof to the TPA (Third Party Administrator), subject to the ceiled limits provided for the category of employees as indicated in the insurance policy.
- 4) The above facility of cashless reimbursement to the retired employees shall extend to any part of India, subject to the list of hospitals, as indicated in the Annexure-1 of this office order.
- 5) The Insurance Policy shall cover the pre existing diseases, as covered in the Insurance Policy.



- 6] The tenure of the Medical Insurance Scheme shall be one year, from the date of applicability and shall be renewable every year.
- 7] MOIL shall register all those retired employees annually, who wish to avail of this facility and such employees shall be entitled to do so after furnishing the details (as per format enclosed at Annexure -II) and on payment of nominal annual registration fees for self including dependant spouse as per the following :-

<u>Category at time of Retirement</u>	<u>Amount in Rs.</u>
a) General Manager and above	250.00
b) All other Executives	200.00
c) All Non-Executives	150.00
d) P.R.Workers	100.00

- 8] The sum assured of the various categories Retired Employees shall be as under:-

<u>Category</u>	<u>Sum assured per family</u>
a] Retired Executive at the level of E6& above	Rs.3.00 Lakhs
b] Retired Executives at the level of E0 to E5	Rs.2.00 Lakhs
c] P.R.Workers and Monthly paid Non-Executive Staff, NE-01 to NE-10	Rs.1.00 Lakh

- 9] The Retired employees shall submit the application in the prescribed format together with the following documents and the requisite registration fees on or before **30<sup>th</sup> September 2010**.
- Latest joint photographs of self and spouse, self certified - four copies
  - Application form in Annexure -II, in duplicate.
  - Self declaration about certifying that the retired employees shall not avail of similar facility, else where, in Annexure-III.
  - Latest Medical examination Report of the Retired employee and spouse, covering blood and urine tests including blood sugar etc., in Annexure-IV.
- 10] Any Employee retiring on or after 30<sup>th</sup> September 2010 shall indicate his / her willingness to avail of this facility within one month of his superannuation, failing which it will be construed that such employee is not interested to avail of this scheme.
- 11] All the retired employees desirous of availing benefits of this Insurance scheme shall submit the application form and other details in the above mentioned formats before 30<sup>th</sup> September 2010 to the following:-
- With respect to retired employees staying in and around Nagpur and other states of the country - General Manager(Personnel), directly.

[ 3 ]

- b] With respect to retired employees staying in and around the Mines and other establishments of the company, to the General Manager (Personnel), through the Mine Managers (where they are drawing the existing medical facilities).
- 12] However, the said retired employees shall declare that he/she is not availing of similar facility from anywhere else.
- 13] The above Scheme comes into force with effect from 1.10.2010.
- 14] MOIL reserves the right to amend, modify or discontinue the scheme partially or in entirety, without notice and without assigning any reasons there of.

All the H.O.Ds and Mine Managers are requested to give wide publicity to the contents of the salient features of this order, for the information of all the retired employees.

This issues with the approval of the Competent Authority.

GENERAL MANAGER (PER.)

copies for information to :

- 1] Director (Fin.), MOIL, Nagpur.
- 2] Director (Comm.), MOIL, Nagpur.
- 3] Director (P & P), MOIL, Nagpur.
- 4] Chief Vigilance Officer, MOIL, Nagpur.
- 5] Gen. Manager (Pr. & QA), MOIL, Nagpur.
- 6] Sr. Dy. G.M. (Per.), MOIL, Nagpur.
- 7] Sr. Dy. G.M. (Fin.), MOIL, Nagpur.
- 8] Dy. G.M. (M.S.), MOIL, Nagpur.
- 9] All Agents, Grp.-I/II/III, MOIL.
- 10] All Mine Managers, MOIL.
- 11] Plant Incharge, MOIL, Balaghat/Dongri Buzurg Mines.
- 12] Dy. G.M. (Per.)-L/K, MOIL, Nagpur.
- 13] Chief (Fin.I/A), MOIL, Nagpur.
- 14] Chief (Liaison), MOIL, New Delhi.
- 15] Gen. Secretary, MEA.
- 16] Sec. General, MOIL Kamgar Sanghathan, Nagpur.



**Medical Insurance Scheme for Retired Employees of MOIL****Application Form**

Space for Joint Photograph

1. Name of the retired employee : \_\_\_\_\_
2. Date of Superannuation : \_\_\_\_\_
3. Designation at the time of retirement : \_\_\_\_\_
4. Place of retirement / Place of availing medical facility : \_\_\_\_\_
5. Name and age of Spouse : \_\_\_\_\_
6. Complete residential address : \_\_\_\_\_
7. Telephone Nos. (Landline / Mobile) : \_\_\_\_\_
8. Detail of Pre-existing diseases : \_\_\_\_\_  
\_\_\_\_\_
9. PAN No. & any other details : \_\_\_\_\_
10. 4 Latest & Self Attested Joint Photographs of Self & Spouse.

Date :

Place :

(Signature)

(Name of the applicant)



## **Medical Insurance Scheme for Retired Employees of MOIL**

### **Declaration**

The General Manager (Personnel)  
Manganese Ore India Limited  
Nagpur.

Dear Sir,

I hereby declare that I and my spouse are not availing of any similar medical facilities and Medical Insurance for the retired employees from any other sources.

I further declare that should any such case come to light, in future, I hereby bind myself to recovery of the entire expenses. incurred.

I also declare that in such an instance, I may render myself to discontinuance of such facility, in future.

Date :

Place :

Yours Faithfully,

(Name of the retired employee)  
Registration No.

1.	Name of Retired Employee																								
2.	Employee No./FB No.-					3.	Retired As -										4.	Mine / HO							
5.	Complete present Address For Communication																								
					PIN																				
6.	Telephone No. With STD Code					7. Mobile Number :										8. PAN No. if available									
9. Details of Family Members																									
	Name					Relationship		Date of Birth				Age	Sex	Remarks of MOIL as to Sum Insured & any other											
i.						Self																			
ii.						Wife/Husband																			
10. Details of pre-existing Diseases if any (Please mention YES or NO)																									
	Name		Hypertension		Diabetes		Asthma		Joint Pain		Cardiac Ailments		Any other, please specify												
i.	Self																								
ii.	Spouse																								

I hereby declare that above statement are true and I have not concealed any facts or circumstances in respect of self or any member of the family.

Dated

at

Signature

NAME \_\_\_\_\_

Medical Examination Report (Routine Blood &amp; Urine test, Blood Sugar, ECG, Retinoscopy where available)

GENERAL EXAMINATION : Pulse : \_\_\_\_\_ / min. Blood Pressure : \_\_\_\_\_ mm of Hg. Weight : \_\_\_\_\_ Kg. Height: \_\_\_\_\_

SYSTEMIC EXAMINATION : Respiratory System \_\_\_\_\_ Cardio vascular system \_\_\_\_\_

Nervous System \_\_\_\_\_ Per Abdomen Exam. \_\_\_\_\_

Locomotive System \_\_\_\_\_ Genito Urinary System \_\_\_\_\_ Gastro Intestinal System \_\_\_\_\_

Medical Examiner's Remarks as to the acceptance of the proposal & existing disease if any.

Signature \_\_\_\_\_ Name : \_\_\_\_\_ Reg. No. \_\_\_\_\_

Rubber Stamp of Examining Doctor



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MOIL LIMITED,  
MOIL-BHAWAN, 1-A, KATOL ROAD,  
NAGPUR - 440 013.

Ref. No. : 10/gen/IR/10-11/359

Date : 26.11.2010


OFFICE ORDER

Sub. : Amendment in Medical Insurance Scheme for  
retired employees.

During the Board meeting No.274 dt.10.09.2010, the Board has approved to amend the Medical Insurance Scheme for the retired employees of MOIL circulated vide letter No.GM(P)/IR/10-11/214 dt.18.08.2010 the following amendment shall be included in the Company's Medical Insurance Scheme :-

"The applicability of 15 yrs. of service in the Company at the time of retirement shall not be applicable in case of Board level appointees and Chairman-cum-Managing Director."

This is for information to all the concerned.

  
GENERAL MANAGER (PER.)

Copy to:-

- 1] Director(Fin.), MOIL, Nagpur.
- 2] Director(Comm.), MOIL, Nagpur.
- 3] Director(P&P), MOIL, Nagpur.
- 4] Chief Vigilance Officer, MOIL, Nagpur.
- 5] Sr.Dy.G.M.(Fin.), MOIL, Nagpur.
- 6] Sr.Dy.G.M.(Per.)(T), MOIL, Nagpur.
- 7] Dy.G.M.(M.S.), MOIL, Nagpur.
- 8] Dy.G.M.(Per.)(L)/(K), MOIL, Nagpur.
- 9] C.M.D.Sectn., MOIL, Nagpur.
- 10] Rajbhasha Adhikari, MOIL for translation in Hindi.
- 11] Dy.G.M. (Fin./A), MOIL, Nagpur.
- 12] Chief (Liaison), MOIL, New Delhi.
- 13] President, MEA.