ANDHRA PRADESH STATE CIVIL SUPPLIES CORPORATION LIMITED Regd.Office:6-3-655/1/A, C.S.Bhavan, Somajiguda, Hyderabad-500 082

SRI RAJEEV SHARMA, P.G.D.B.A. GENERAL MANAGER (A&V).

CIRCULAR No.A&V -117

No.P.Admn.A1/1493/2013

Dated:29.06.2013.

Sub: APSCSCL – Admn.&Vig. – Reimbursement of medical expenses to employees of the Corporation – Tie-up with insurance companies for reimbursement of medical claims – Certain information called for –Reg.

Ref: Representation Dt.20.05.2013, from President, APSCSCL Employee Sangham.

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For the past few years, it had been noticed that the reimbursement of medical expenses has become cumbersome for the Corporation due to large number of claims and it is not possible to expedite the process of the employee's medical claims. It has, therefore been decided to explore the possibility of Tie-up with Insurance companies to provide medical coverage to all employees of the Corporation. In order to work out the financial component, certain information pertaining to the employees and their dependants is required. Accordingly, a format is enclosed herewith in Annexure - I which needs to be filled in solely by employees of the Corporation. A Declaration to be furnished by the employees in this regard is also enclosed in Annexure – II.

Hence, all employees of the Corporation- Officers/Staff/Office Subordinates are requested to furnish the required information.

All the Managers and E.E. at Head Office/Zonal Managers/District Managers are requested to issue suitable instructions to the Officers/Staff working under their control and acquire the required information from all the employees of the Corporation in full shape and send two copies to A&V Section, Head Office by 15.07.2013 without fail. One copy of the Annexure may be retained at the District/Zonal Office for record.

Encl: Annexure I & II

GENERAL MANAGER (A&V)

To

All Managers & E.E. in Head Office, All the Zonal Managers, APSCSCL, All the District Managers, APSCSCL,

Copy to: All Functional Managers in Head Office – for necessary action and with a request to obtain the information from the Officers & Staff working under their control and send to A&V Section by 15.07.2013,

Copy to: Stock File.

|                                         |                                      |                          |                   | Revised A                                           | Revised Annexure -I                                                          | TOTAL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
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| Dist                                    | District/Zonal Office/ HO. Section : | / HO. Section :          |                   |                                                     |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
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| ż S                                     | Name of the<br>Employee              | Designation              | Date of Birth/Age | Name of the<br>Person                               | Relationship                                                                 | Date of<br>Birth/Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Martial<br>Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Whether Employee:<br>Yes/No |
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|                                         | 3                                    | Spouse                   |                   |                                                     |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
|                                         | 4                                    | Unemployed and Unmarried |                   | Son (<25 Yrs.of Age)                                | ge)                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
|                                         | ľ                                    | Unemployed an            | d Unmarried       | Unemployed and Unmarried Daughter (<25 Yrs. of age) | s. of age) o                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |
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GENERAL MANACER (ARV)

## <u>Annexure -II</u>

## **DECLARATION**

I hereby declare that the above facts are true to the best of my knowledge and that all persons declared as dependants have no other source of income and are totally dependent on me.

**Countersigned by** 

Signature

Mgr/E.E./DM/ZM

Name

Designation:

Place

GENERAL MANAGER (A&V)

29/6/10