



KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LIMITED  
Corporate Human Resources Department

CIRCULAR

KSEDC/CHR/Med. Insurance/2024-25

08.07.2024

Sub: - Group Medical Insurance Policy for Regular Employees -2024-25-reg  
Ref: - Circular KSEDC/CHR/Med. Insurance/2024-25 dated 09.05.2024

The Management is pleased to inform that the Group Medical Insurance Policy for Regular employees of Keltron for the year 2024-25 is renewed with Oriental Insurance Company Ltd with effect from 07.07.2024 for a sum assured of Rs. 3 Lakhs per family per annum.

The Third party Administrator (TPA) will continue to be Vidal Health Insurance TPA Pvt. Ltd. The room rent eligibility for all category of employees will be 1% of the sum assured including nursing charges. An additional corporate buffer of Rs. 10 Lakhs per annum with a maximum coverage of Rs. 2 Lakhs per family per annum which becomes due as and when base sum insured is exhausted is newly incorporated in the Policy Terms and Conditions. The revised Policy terms and conditions are available in website in the following link [https://www.keltron.org/images/pdf/Medical\\_rules.pdf](https://www.keltron.org/images/pdf/Medical_rules.pdf)

The E-cards will be issued by the TPA once the Policy is created. In case of any hospitalization/treatment during the in between period before they receive the E-Card, the concerned employee may inform Unit HR/TPA for availing the benefit.

For IP treatment in hospitals which are not included in the approved network list, the existing method of reimbursement against submission of bills shall follow.

The newly joined Trainees/employees on trial period/employees coming under ESI benefit & contribution period are not eligible for medical insurance/medical reimbursement.

The premium details will be updated later.



Sajna M  
Deputy Manager & Head (CHR)

To,

All Concerned

**KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION**  
**THIRUVANANTHAPURAM**  
**CORPORATE HUMAN RESOURCES DEPARTMENT**

**CIRCULAR**

DP/022/2015

30.04.2015

Sub : Introduction of New Medical Insurance Policy to Regular Employees

The company is having a medical re-imburement scheme at present which provides for one month's salary (Basic + DA) in case of any medical expenses to the permanent employees. However, the present medical re-imburement scheme has been found to be insufficient to meet the medical expenses in case of surgeries/critical illnesses. Hence, the management is pleased to introduce a New Medical Insurance Policy for the regular employees who are confirmed in the service of the Company. M/s Oriental Insurance Company Limited has been selected as the Insurance Agency for this scheme.

The annual premium per employee for floater family coverage of Rs. 3 Lakhs per annum is Rs. 10,250/- (Rupees Ten Thousand Two Hundred and Fifty Only).

The salient features of the policy are :

- a) A floater sum of Rs. 3 Lakhs per family per annum for the permanent employees and dependants.
- b) Medical Insurance Coverage is applicable only for hospitalization for a minimum period of 24 inpatient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours as mentioned in the policy document.
- c) There are certain employees in our Company who are critically ill and have undergone organ transplant, laid up with stroke, etc and who require costly medicines for maintenance/life saving purposes. In order to help these employees, we have included a provision for

re-imburement of medicines for these categories of employees up to Rs. 50,000/- per year. For this purpose a Corporate Buffer of Rs. 5 Lakhs is envisaged.

- d) Pre-existing illness is covered under this policy.
- e) Maternity benefit included from day one.
- f) Waiting period for all diseases/ailments/conditions is waived off.
- g) Cochlear implants are included.
- h) New born baby is covered from day one.
- i) Congenital anomaly covered.
- j) Persons with Genetic Disorders covered.
- k) The balance amount after deducting the premium will continue to be available for the employee for Medical Expenses not covered under the Insurance Policy. The balance amount will be equally disbursed on a monthly basis (along with salary) to meet other medical care expenses without medical bills.
- l) The period of hospitalization which is approved by the Insurance Company for re-imburement of Medical expenses will be considered as a Special Hospitalization Leave limited to 30 days within a three years block period (10 days per year).

The new medical insurance policy will come to effect from May 2015. The policy will not be applicable to those who are under ESI coverage.



CHIEF GENERAL MANAGER  
(HR & ADMIN)

To,

All concerned.

**KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION**  
**THIRUVANANTHAPURAM**  
**CORPORATE HUMAN RESOURCES DEPARTMENT**

**CIRCULAR**

CHR/2015

06.05.2015

The Management is pleased to inform that the new Medical Insurance Scheme of the company will be effective from 07.05.15. The Insurance Company will be providing ID cards for the employees and dependants in due course and the same can be used at the time of hospitalization. Details regarding the procedure for hospitalization, list of hospitals and contact details of Third Party Administrator will be intimated shortly. Meanwhile, for hospitalization till the receipt of ID cards, all are requested to contact the concerned Unit HR Department for directions.

Medical Bills being submitted by employees who are having balance amount in their credit as on 31.03.2015 may be admitted for re-imburement as per the existing medical attendance rules and strictly following the Circular No. MD/Circular/2014/12 dated 23.10.2014.

Note issued from Corporate Human Resource Department (CHR/2015 dated 04.04.2015) in this regard stands cancelled.



CHIEF GENERAL MANAGER  
(HR & ADMIN)

To,

All concerned.

## ANNEXURE - I

### POLICY DOCUMENT

#### KELTRON GROUP MEDICAL INSURANCE POLICY for REGULAR EMPLOYEES

KSEDC Ltd. is proposing to renew the Group Medical Insurance Policy for the regular employees of the Company and their dependents. The policy envisaged has the following components:-

- 1.1. A floater sum of Rs. 3Lakhs per family per annum for the employee and dependents.
- 1.2. A Corporate Buffer of Rs.5 Lakhs per annum for maintenance medicines for critical illnesses with a maximum amount of Rs.50000/-per person per annum which will be reimbursed monthly on submission of medical bills.
- 1.3. An additional Corporate Buffer of Rs. 10 L per annum with a maximum coverage of Rs 2 L per family per annum which becomes due and eligible in the event when the base sum insured gets exhausted.

The following conditions to be included in the proposal:

- 2.1 Room, Boarding Expenses as provided by the hospital including nursing charges up to 1% of Sum Insured per day.
- 2.2 Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses – Actual ICU charges or Rs. 5000/- .
- 2.3 Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- 2.4 Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses.
- 2.5 Pre-hospitalization medical charges up to 30 days period.
- 2.6 Post-hospitalization medical charges up to 60 days period.
- 2.7 LIMIT ON PAYMENT FOR CATARACT: Company's liability for payment of any claim relating to Cataract shall be limited to Actual or maximum of Rs.24000 (inclusive of all charges, excluding service tax), for each eye, whichever is less.
- 2.8 Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, is taken in a Government

hospital or in any institute recognized by Government and /or accredited by Quality Council of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures.

2.9 CONGENITAL ANOMALY to be included in the policy.

2.10 Admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments as below, where such admission could be for a period of less than 24 consecutive hours.

Anti-Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy
Dental surgery following an accident	Piles / Fistula
Dilatation & Curettage (D & C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture / dislocation excluding hairline Fracture	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and Bile Duct
Haemo-Dialysis	Tonsillectomy,
Hydrocele	Urinary Tract System
Laryngeal Procedures	Nasal Polyp Removal

OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

2.11 Maternity expenses to be included and shall include:-

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalizations).
- b. Expenses towards lawful medical termination of pregnancy during the Policy Period.
- c. The maximum benefit allowable under this clause to be up to Rs.50,000/- for normal deliveries and Rs.75000/- for C-Section except in cases where multiple gynecological procedures are done in which the actual amount up to the sum insured is payable.
- d. Maternity waiting period to be waived off.

2.12 PRE-EXISTING CONDITION/DISEASE to be included.

2.13 PORTABILITY: Portability of Insurance to be included.

2.14 30 Days Exclusion to be waived

2.15 Waiting period for all diseases/ailments/conditions to be waived

2.16 No deductible on claims

2.17 NOTICE OF CLAIM: Preliminary notice of claim with particulars relating to Policy Number, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home to be given to the Company/TPA within 10 days from the date of hospitalization in respect of reimbursement claims.

Final claim along with hospital receipted original Bills/Cash memos, claim form and documents as listed in the claim form below to be submitted to the Policy issuing Office/TPA not later than 30 days of discharge from the hospital.

- a. Bill, Receipt and Discharge certificate / card from the Hospital.
- b. Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
- c. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests.
- d. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
- e. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
- f. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

**Waiver:** Waiver of period of intimation to be considered in extreme cases of hardships where it is proved to the satisfaction of the Company/TPA that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

2.18 CONTRIBUTION: If two or more policies are taken by Insured Person during a period from one or more insurers to indemnify treatment costs, Company shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

- 2.19 PERIOD OF POLICY: This insurance policy is issued for a period of one year.
- 2.20 NEWBORN BABY to be covered from day one.
- 2.21 GENETIC DISORDER: Persons with genetic disorder to be covered.
- 2.22 ORAL CHEMOTHERAPY The cost of oral chemotherapy to be payable under the policy.
- 2.23 Illness wise limits to be waived off.
- 2.24 Age Limit for dependent children: 25 years or entering a job whichever is earlier for boy child.  
For girl child, until she gets married or enters in a job.

## EXCLUSIONS

- 3.1 **Permanent Exclusions:** Any medical expenses incurred for or arising out of:
- 3.1.1 Vaccination & Inoculation.
- 3.1.2 War Invasion, Act of Foreign enemy, War like Operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
- 3.1.3 Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat injury or illness.
- 3.1.4 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids excluding cochlear implants, durable medical equipment.
- 3.1.5 All types of Dental treatments except arising out of an accident.
- 3.1.6 Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility & sterility.
- 3.1.7 Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide.
- 3.1.8 Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.
- 3.1.9 Treatment of bodily injury sustained whilst or as a result of participating in any criminal act.
- 3.1.10 Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-cell Lymphotropic Virus Type III (HTLB-III) or lymphotopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of similar kind commonly referred to as AIDS.
- 3.1.11 Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital.

- 3.1.12 Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner.
- 3.1.13 Stem Cell Implantation/Surgery.
- 3.1.14 Accident due to Alcohol/Drunken Driving not included.
- 3.1.15 Treatment taken outside India
- 3.1.16 Experimental Treatment, Unproven Treatment
- 3.1.17 Naturopathy Treatment.
- 3.1.18 Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- 3.1.19 Domiciliary Hospitalization.
- 3.1.20 Treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

**SUMMMARY OF MAIN FEATURES OF THE POLICY BASED ON  
POLICY DOCUMENT**

Family Floater Sum Insured	Rs.3,00,000 /Family/annum				
Family Unit May contain	Employee, Spouse, Parents & children within 25 yrs of age or entering a job whichever is earlier for boy child. For girl child, until she gets married or enters in a job. Parents of employees without restriction in entry age.				
Pre-existing diseases / conditions exclusion	Waived for all, no exclusion of diseases, no exclusions/limit for pre-existing diseases.				
30 days Waiting period	Waived for all				
One / Two Year exclusions and / or any time bound exclusions for specified diseases	Waived for all				
Room rent / Boarding Expenses (including nursing charges)	<table border="1"> <tr> <td>Room rent limit</td> <td>Room rent per day restricted to 1% of the Sum insured.</td> </tr> <tr> <td>ICU rent limit</td> <td>ICU / ICCU rent per day restricted to Rs.5000/-.</td> </tr> </table>	Room rent limit	Room rent per day restricted to 1% of the Sum insured.	ICU rent limit	ICU / ICCU rent per day restricted to Rs.5000/-.
Room rent limit	Room rent per day restricted to 1% of the Sum insured.				
ICU rent limit	ICU / ICCU rent per day restricted to Rs.5000/-.				
Proportionate payment for higher room category	Proportionate payment on higher room clause is applicable.				
Corporate Buffer	<p>A Corporate Buffer of Rs. 5 Lakhs per annum for maintenance medicines for critical illnesses with a maximum amount of Rs. 50000/- per person per annum which will be reimbursed monthly on submission of medical bills for the employees of the company only.</p> <p>An additional Corporate Buffer of Rs. 10 Lakhs per annum with a maximum coverage of Rs. 2Lakhs per family per annum which becomes due when base sum insured is exhausted.</p>				
Ayurveda treatment / Unani & Homeopathic treatment expenses	Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, is taken in a Government hospital or in any institute recognized by Government and /or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures				

All Day care procedures to be Covered including specifically mentioned in terms of RFQ	Admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 4 consecutive hours. Anti Rabies Vaccination ,Hysterectomy, Appendectomy, Inguinal/Ventral/Umbilical/Femoral Hernia, Coronary Angiography, Lithotripsy (Kidney Stone Removal), Coronary Angioplasty ,Parenteral Chemotherapy, Dental surgery following an accident, Piles / Fistula, Dilatation & Curettage (D & C) of Cervix Prostate, Eye surgery , Radiotherapy, Fracture / dislocation excluding hairline Fracture, Sinusitis, Gastrointestinal Tract system, Stone in Gall Bladder, Pancreas, and Bile Duct Haemo-Dialysis, Tonsillectomy, Hydrocele, Urinary Tract System, Laryngeal Procedures ,Nasal Polyp Removal. OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology	
Ambulance charge	Maximum Ambulance charge payable under one hospitalization is Rs 2500/.	
Pre-Hospitalisation and Post Hospitalisation	Pre hospitalization 30 days and Post hospitalization 60 days	
9 months waiting periods for Maternity	Waived off	
Maternity	Normal	Rs.50,000/-Medical Treatment Expenses traceable to childbirth (including complicated deliveries incurred during Hospitalisation).Expenses towards lawful medical termination of pregnancy during the Policy Period. The maximum benefit allowable under this clause to be up to Rs.50,000/- except in cases where multiple gynecological procedures are done in which the actual amount upto the sum insured is payable.
	C-Section	Rs.75000/-/-Medical Treatment Expenses traceable to childbirth.
Baby Day Care Cover	New born babies need to be covered from day one with full floater sum insured	
Pre-natal and Post-natal	All pre-natal and post-natal benefits are covered under the maternity benefit of Rs 50000/for normal and Rs 75000/- for C-section as mentioned in the Policy terms.	
Congenital Internal & External Disease	Waived for all.	
Genetic Disorder	Persons with genetic disorder to be covered.	
Oral Chemotherapy	The cost of oral chemotherapy to be payable under the policy.	
Domiciliary Treatment	To be covered.	

Illness wise limits	Waived off.
Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fee	Payable.
Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expense	Payable.
Limit on any one disease or ailment	No capping
Limit on surgeon charges, stent charges	No capping
Co-payment	No Copayment
Cataract Limit	Cataract - Actual or maximum of Rs.24000/(inclusive of all charges, excluding service tax)for each eye whichever is less
Portability	Portability of Insurance to be included
Midterm inclusion	Provision to include members during the operation of the policy on pro-rata basis.
Non cancelation of Policy in Midterm on account of adverse claim ratio	Yes

Modern Treatment methods & Advancement In Technologies (As per IRDAI regulations)

Modern Treatment Methods & Advancement in Technologies

In case of an admissible claim under section 4.1, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below:

- 1) Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU) Up to 20% of Sum Insured subject to a maximum of Rs.2 Lakhs per policy period for claims involving Uterine Artery Embolization & HIFU.
- 2) Balloon Sinuplasty - Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty.
- 3) Deep Brain Stimulation - Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation.
- 4) Oral Chemotherapy - Up to 20% of Sum Insured subject to a maximum of Rs.2 Lakhs per policy period for claims involving Oral Chemotherapy.
- 5) Immunotherapy-Monoclonal Antibody to be given as injection - Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.
- 6) Intra vitreal Injections - Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lakhs per policy period.
- 7) Robotic Surgeries (Including Robotic Assisted Surgeries) - Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for
  - (i) The treatment of any disease involving Central Nervous System irrespective of aetiology;
  - (ii) Malignancies. Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases.
- 8) Stereotactic Radio Surgeries - Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries.
- 9) Bronchial Thermoplasty - Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.

10) Vaporisation of the Prostate (Green laser treatment for holmium laser treatment) Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.

11) Intra Operative Neuro Monitoring (IONM) - Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lakh per policy period.

12) Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only.

No additional sub-limit.

Note: If, for a given admissible claim, limits as listed in the Table above AND limits mentioned in Clause 4.1.2 are applicable simultaneously, then the lower of the two limits shall apply.

### Additional Condition in the policy

**2.01 CONTRIBUTION:** If two or more policies are taken by Insured Person during a period from one or more insurers to indemnify treatment costs, Company shall not apply the contribution clause, but the Insured Persons shall have the right to requires settlement of his/her claim in terms of any of his/her policies.

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**KELTRON**

**PERSONNEL MANUAL**

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Prepared by

**CORPORATE**

**PERSONNEL DEPARTMENT**

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**Kerala State Electronics Development Corporation Ltd.  
Keltron House, Vellayambalam, Trivandrum – 695 033.**

For internal circulation only

(For internal circulation only)

KELTRON PERSONNEL MANUAL

EMPLOYEES' MEDICAL ATTENDANCE RULES

VOLUME – 2

ISSUE – 1

**KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LTD**  
**EMPLOYEES' MEDICAL ATTENDANCE RULES**

1. Title

These rules may be called "THE KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LIMITED EMPLOYEES' MEDICAL ATTENDANCE RULES".

2. Commencement

These rules shall take effect from 01.07.1984 and the existing orders on the subject shall simultaneously cease to be operative.

3. Scope

a. These rules shall apply to: -

- i. All confirmed employees of the corporation who are not covered by the ESI scheme.
- ii. Employees of Government Departments, Local Bodies, Autonomous Organisations, other Public Sector Corporations, on deputation to Kerala State Electronics Development Corporation Ltd., provided their terms of deputation do provide for the same.
- iii. Persons appointed on contract/Re-employed Pensioners provided their terms of appointment make them eligible to these rules.
- iv. Members of the families of the employees of the Corporation.
- v. Probationers, on satisfactory completion of probation.

b. These rules, however, do not apply to: -

- i. Employees of the Corporation on deputation to other Organisations unless provided otherwise.

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- ii. Employees inducted for casual labour/on daily wages.
- iii. Apprentices, Trainees, Advisors, Consultants and other Retainers to the Corporation.
- iv. Employees of the corporation who are governed by the Employees' State Insurance Corporation Act.
- v. Employees who have been granted leave without pay for taking up assignments or for study purposes and those employees absenting from duty without permission.

#### 4. Definitions

In those Rules, unless there is anything repugnant in the subject or context: -

- a. "Corporation" means the Kerala State Electronics Development Corporation Ltd., "Keltron House", Vellayambalam, Trivandrum – 695 033, Kerala, India.
- b. "Family" means wife or husband as the case may be of the employee children, including adopted and step-children of the employee and parents solely dependent on the employee.
- c. Authorised Medical Attendant (AMA) means any Registered 'A' Class Medical Practitioner in Allopathic, Ayurvedic or Homeopathic systems of medicines, licensed to practice within India and include any Medical Practitioner appointed by Kerala State Electronics Development Corporation Ltd. (KSEDC) as its Medical Officer for the purpose of these rules.
- d. Medical attendance for purposes of allopathic treatment means and includes: -

..3/-

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- i. Professional advice, care, clinical or other examinations for purposes of diagnosis, imparted by/undertaken at the instance of AMA as available in a Government Hospital/other Hospitals, the consulting room or Dispensary maintained by the AMA/Clinical Laboratories.
- ii. Treatment of a curative nature undertaken by/at the instance of AMA at the consulting room/dispensary maintained by the AMA/any Government Hospital/other hospital, whether undertaken as outpatient or as inpatient or at the residence of the employee, in accordance with the provisions in these rules, including reimbursement of consultation fee paid to the AMA, hospital rent, cost of medicines, fee for pathological/radiological/bacteriological or other methods of examination/treatment.
- iii. Curative and corrective surgical treatment undertaken by/at the instance of the AMA including reimbursement of cost of consequential bandaging/dressings, blood transfusions, plaster casts, transplantation charges, hospital rent and medicines etc., as detailed in (d) (2) above, as is available at the consulting room of the AMA/Government/other hospitals or that can suitably be given at the residence of the employee in accordance with the provisions of these rules.
- iv. Surgical treatment for family planning including cost of medicines and consequential dressings.

..4/-

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- v. Consultation with specialists in Ophthalmology including reimbursement of consultation fee; cost of medicines and cost of spectacles prescribed by him subject to the condition that reimbursement of cost of spectacles will be allowed only once in three years and limited to Rs. 150/- on each occasion.
- vi. Consultation with Dental Surgeons including reimbursement of consultation fee, cost of medicines, extraction of teeth and corrective/curative surgical treatment, including cost of replacement of denture/ fillings undertaken by/ at his instruction, but does not include cost of braces.
- vii. Consultation with Specialist in ENT including reimbursement of consultation fee, cost of medicines and hearing aids, prescribed by him subject to the condition that cost of hearing aid shall be reimbursed upto a maximum of Rs. 500/- once in every 3 years only.
- viii. In respect of female employees/spouses of male employees, consultation with Gynecologists, including reimbursement of cost of consultation fee, cost of medicines prescribed for pre-natal/post natal treatment; surgical/delivery expenses, charges for medical termination of pregnancy, hospital rent and other incidental charges, as certified by the AMA/Specialist.

..5/-

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- e. Medical attendance for purposes of Ayurvedic and Homeopathic treatment shall cover only cost of medicines prescribed and professional services like massaging rendered by the AMA and shall be reimbursed against cash bills. No consultation fee shall be reimbursed in case of outpatient, treatment. However, in the case of inpatient, treatment in Government Ayurvedic/Homoeopathic hospitals and such private/other hospitals as are specifically approved by Chairman/Managing Director for the purpose of these rules, hospital rent and other charges shall be reimbursed.

5. Reimbursement of cost of medicines

In terms of the provisions in Rule (d) & (c) the corporation shall reimburse the cost of medicines, injections, sera, vaccines etc., and charges for administering the same, if any, as are required for the treatment of the employee and the members of the family subject to the condition that no reimbursement will be made in respect of primary food, toilet preparations and disinfectants.

6. Reimbursement of cost of consultation fee

The Corporation shall reimburse under Rule 4 (d) actual consultation fees paid to the AMA/Specialist, against cash receipts issued subject to the condition that the maximum amount payable for each consultation shall be limited to the following.

- I. For consultation with AMAs, in the Grades of  
Tutors/Asst. Surgeons/Asst. Professors/Civil  
Surgeon Grade II in Govt./ Medical College  
Hospitals. :Rs. 25/-

..6/-

:6:

- II. For consultation with AMAs attached to private/ other Hospitals/Dispensaries or practicing independently irrespective of status : Rs. 25/-
- III. For consultation with AMAs in the Grade of Civil Surgeon Grade-I, Associate Professors and above in Govt./Medical College Hospitals : Rs. 50/-

7. Reimbursement of cost of spectacles, hearing aids & Dentures

The reimbursement of cost of spectacles, hearing aids and dentures in terms of and subject to Rules 4 (d), 5, 6 and 7 shall be allowed only to the employees and not to their family members.

8. Reimbursement of cost of inpatient treatment

If the AMA/Specialist considers it necessary for any employees to have inpatient treatment, whether it be in a Government Hospital/ other Hospital/Nursing Home, the cost of such treatment would be reimbursed at the normal rates applicable to the institution

9. Medical Attendance at residence

Employees in the Executive/Managerial Grades and their families are entitled to medical attendance at their residence by the Medical Officer of the Company/AMA's/Specialists. In the case of other categories of employees, they are entitled to medical attendance at their residence only if the Medical Officer/AMA considers that the condition of the patient is serious that his/her removal from residence to the consulting room of the AMA/ Hospital is likely to cause serious deterioration in his/her condition.

..7/-

:7:

10. Medical treatment in respect of employees deputed for training abroad/tour abroad and their families
- a. Employees who are deputed for training abroad/tour abroad will continue to be governed by these rules, and expenses incurred, if any, on medical attendance, shall be reimbursed in India under those rules, unless their terms of training/posting abroad provide otherwise.
  - b. Families of employees referred to 'A' above, who do not accompany the employee abroad, shall also be entitled to reimbursement of Medical expenses incurred by them, under these rules, irrespective of their place of residence in India.

11. Monitory limits and Eligibility of new Recruits

Notwithstanding anything contained in the proceeding Rules, the liability of the Corporation towards reimbursement of medical expenses in regard to the employee and his/her family for a financial year shall be restricted to a maximum of one month's basic pay plus dearness allowance (including additional and/or adhoc DA where applicable). For this purpose the Basic pay plus DA applicable on the last working day of the financial year shall be reckoned.

- a. Employees who join the service of the Corporation during the course of a financial year will be eligible for reimbursement of medical expenses upto a maximum of one month's basic pay plus dearness allowance irrespective of his/her date of joining.

..8/-

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- b. Those employees who were initially covered under the ESI Scheme and who come out of the purview of the ESI scheme during the course of a financial year, shall have the option either to come under the Corporation's Medical Attendance Scheme or to continue in the ESI Scheme till the corresponding benefit period expires. In the event of an employee opting out of the ESI Scheme, as above, he/she shall surrender the ESI Identity Card to the Personnel/ Administration Department of Head Office/Unit concerned and shall thereafter be entitled to reimbursement of Medical expenses upto a maximum of one month's basic pay + dearness allowance, provided, however, that such reimbursement shall be allowed only on expiry of the contribution period to which he/she belongs.

12. Medical Advance

Normally, no advance shall be given to employees for purposes of meeting expenses in connection with medical attendance. However, in exceptional cases, the Management may sanction repayable advances as below when the employee and/or his/her family is hospitalized consequent up-on illness.

<u>Purpose</u>	<u>Quantum of Advance</u>	<u>Mode of repayment</u>
Treatment of Employee/his/	1 month's wages (Basic + DA)	10 equal instalments beginning from the month of payment of advance.

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Only one advance shall be sanctioned to an employee under these Rules in a financial year. A second advance shall not be sanctioned when an earlier advance sanctioned under these rules is pending repayment, such advance would be considered only on production of adequate proof of hospitalization. Where the employee/his/her family is admitted in a hospital, a certificate to that effect issued by the Medical Officer/other Authority in charge indicating, inter-alia, the expected duration of inpatient treatment should be accepted as sufficient proof.

13. Carry forward of unutilized balance

In cases where an employee does not avail his/her full entitlement of one month's basic pay plus DA by way of medical reimbursement during a financial year, such employee shall be allowed to carry forward the unutilized balance for a period of 2 financial years immediately following the year to which the balance relates.

14. Reimbursement of Medical Expenses and procedure therefore

- i) All expenses towards medical attendance shall be met by the employee in the first instance and reimbursement claimed later.
- ii) All claims for reimbursement of medical expenses shall be submitted in the prescribed form in APPENDIX-I within 3 months from the date of completion

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of the course of treatment prescribed by the AMA. However, such claims relating to the last three months of every financial year shall be submitted within one month from the date of commencement of the succeeding financial year.

- iii) All claims for reimbursement of medical expenses in respect of out patient treatment shall be supported by prescription from the AMA/Specialists, prescribing inter-alia the names and dosage of medicines, pathological and other tests etc. to be undertaken and period of treatment bills/cash memos and cash receipts etc. to be attached in support of each claim. However, in the case of inpatient treatment undertaken in any Government Hospital, bills and discharge Certificate/other receipts duly signed by the Medical officer/ other Authority in-charge shall be considered sufficient. In case of hospitalization in private/other hospitals, the claims for reimbursement shall inter-alia be supported by the hospital bills indicating details of medicines prescribed / administered, clinical or

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other tests undertaken, rent and other expenses charged, duly certified by the medical Officer in-charge of the Hospital/Company's Medical Officer.

- iv) In order to regulate the claims for reimbursement of medical expenses all Accounting divisions shall maintain a register for watching reimbursement of medical expenses as indicated in Appendix-II. Whenever an employee is transferred from one division to another a certificate as in Appendix-III shall be issued by the former division to the late in order to regulate further claims for reimbursement.

15. Advance utilization of succeeding year entitlements.

In cases involving, prolonged hospitalization where the employee's eligibility for reimbursement has already been utilized in full, Chairmen/Managing Director of the Corporation may sanction utilization of the immediately succeeding financial year's limit in advance.

16. Power of sanction in relaxation of Rules.

In exceptional circumstances, the Chairman/Managing Director of the Corporation may sanction reimbursement of medical expenses in relaxation of all/any of the provisions in these rules, subject to the condition that where the amount involved exceeds Rs. 5,000/- in each case, the same will be brought to the notice of the Board.

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**KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LTD.**

**APPENDIX – II**  
**MEDICAL REIMBURSEMENT REGISTER**

1. Name of employee :
2. Designation & Department :
3. Current Basic + DA :
4. Balance eligibility brought  
down from previous years :
5. Details of Spectacles &  
hearing aids reimbursed :

Spectacles

Hearing Aids

Amount :

Year :

**KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LTD.**

**APPENDIX-I**  
**FORM OF REIMBURSEMENT OF MEDICAL EXPENSES**

1. Name of employee :
2. Designation & Department :
3. Name of person (s) treated  
with relation to the employee :
4. Nature of illness :
5. Treated by whom :
6. Nature of claim
- i) Consultation fee :
- ii) Medicine :
- iii) Hospitalization charge :
- iv) Special fee :
- v) Any other items, if any, in regard  
to cost of reimbursement of  
spectacles /hearing aids. Specify  
the financial year in which such  
claim was last preferred :
- TOTAL :

Date : (Signature of the employee)  
Remarks, if any :

**PERSONNEL DEPARTMENT**

1. The employee is not covered under the ESI scheme.  
2. Details of family verified with reference to declaration given by the  
employee and found correct.

ASST. PERSONNEL OFFICER/MANAGER

**ACCOUNTS DEPARTMENT**

Claim passed for Rs. ....

ASST. ACCOUNTS OFFICER/MANAGER

**KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LTD.**

**APPENDIX-III**  
**CERTIFICATE**

.....  
.....  
.....

Shri./Ms. .... (Designation) .....  
..... (Division) .....  
..... who has been transferred from this Division, vide order No.  
..... dated ..... has availed reimbursement of  
medical attendance, as below, while attached to the Division.

Shri./Ms. .... has been relieved from  
this division on .....

Name of employee	:		
Quantum of basic pay + DA	:	Rs.	Ps.
Amount reimbursed during current Financial year (ie, 1985-86)	:	Rs.	Ps.
Balance	:	Rs.	Ps.
Balance entitlement of the previous two financial years available for carry-forward	(1984-85)	Rs.	Ps.
	(1983-84)	Rs.	Ps.
	Total	Rs.	Ps.

Shri./Ms. .... has been reimbursed/  
has not been reimbursed, cost of spectacles/hearing aids, as below:

Cost of spectacles :  
Cost of hearing aids :  
Financial year in which last reimbursed :

ASST. ACCOUNTS OFFICER/MANAGER

## KSEDC MEDICAL ATTANDANCE RULES

### Clarification issued

#### **Rule 4 (e): -**

For purpose of inpatient treatment in private/other Ayurvedic hospitals, Aryavaidyasala (Regd.) Kottakkal, Malappuram Dist. and Vasudeva Vilasom Nursing Home, Fort, Trivandrum are approved. The heads of Divisions may send up proposals for approval of the Managing Director through Director (Personnel) details of other major private Ayurvedic/homeopathic hospitals which have facility of impatient treatment, indicating number of beds/rooms available, number of Doctors/Physicians attached to the Hospitals and other relevant information. (Ref: Accts: PC: 057-84-85:273 dated 5<sup>th</sup> November 1984).

The Rya Vaidya Chikitsalayam, Coimbatore, run by the Ayurvedic Trust of the Arya Vaidya Pharmacy (CBE) Ltd., is approved for the purpose of inpatient treatment under the Medical attendance Rules referred to above with immediate effect. (Ref: - DP/022/ dated 14.02.1986).

#### **Rule 12:**

The Authority for sanctioning medical advance under these rules shall be the Director (Personnel). All such requests may be forwarded by the Divisional heads with his recommendation to Director (Personnel) through Head Office Accounts for sanction.

#### **Rule 15 & 16:**

Any request for sanction under these rules shall be considered initially by the respective Divisional Heads and only ceases which deserve special consideration forwarded to Director (Personnel) through Secretary & Financial Controller for obtaining the approval of MD/Chairman. While considering requests for special sanction under Rule 16, the Divisional Heads may bear in mind that such requests are recommended inter-alia, only in cases where the employee's eligibility under Rules 11, 13 and 15 have already been utilized in full.

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GENERAL:

1. Clarification, if any, required on matters covered by these Rules may be sought from the Director (Personnel). It may be specifically noted that powers for sanctioning reimbursement in relaxation of rules rest only with the MD/Chairman.

Ref: - ACCTs: PC: 057: 84-85: 273                      dated 5<sup>th</sup> November 1984.

Rule 14: (ii)

(ii)

In regard to probationers, reimbursement of medical expenses for the period of probation is admissible only on their confirmation, in service. Consequently, the time limits stipulated in these Rules for submitting such claims shall be reckoned as three months from the date of issuance of their orders of confirmation.

Rule 14: (iii)

(iv)

Care may be taken to ensure that only balance relating to the preceding two financial years are carried forward to the next financial year. For this, it is essential that the balance of each year are separately recorded in the Register as prescribed in Appendix II of the medical attendance rules.

Ref: - Accts: PC: 057: 273    dated 20.11.1984.

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In the KSEDC Medical Attendance Rules 'Family' is defined as " wife or husband as the case may be of the employee, children including adopted and step children of the employee and parents solely dependent on the employee". As clarification has been sought from certain quarters regarding the exact implication of the usage 'children', therein, it is clarified that 'Children' means.

- (1) Unmarried/widowed daughters including adopted or step daughters solely dependant on the employee.
- (2) Unemployed sons of an employee including adopted and step-sons, who are solely dependant on the employee.

It is also clarified that in case where an employee and his/her spouse are working in KSEDC and/or its subsidiary/Associate Companies, each one of item shall be entitled for reimbursement of medical expenses as per rules applicable to the Company in which he/she is employed.

Ref: DP/068

dated 4<sup>th</sup> November 1985.

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MD's OFFICE ORDER (Issued on 10.06.85)

The revised Medical Attendance Rules have been introduced vide Circular No. Accts: PC: 057: 84-85: 273 dated 05.11.1984. The revised Medical Attendance Rules provide for certain liberalization in the matter of reimbursement of medical expenditure. Nevertheless, it is found that employees still come up with requests for special sanction for one reason or the other. In order to ensure that such requests are processed with due care, the system/procedure are given below should be followed:

1. Under the revised Medical Attendance Rules, the medical expenditure in a year should be confined to the limit of one month's basic pay plus DA. Any amount incurred over and above this should ordinarily be met by the employees themselves.
2. The revised Medical Attendance Rules also provide under Clause 13 that unutilized balance can be carried forward for a period of two financial years immediately following the year to which the balance relates. This clause has been provided specifically to enable the employees to build up certain reserves which can be utilized, for taking care of medical expenditure over and above the annual limit. It obviously means that no request for special sanction should be made unless this unutilized balance, if any, is fully availed.
3. In rare cases where, even after availing the unutilized balance, if any, the employees are confronted with the necessity of financial help for medical treatment, they could seek advance from the succeeding year which will be adjusted against the eligible limit for the succeeding years. But it may be noted that such advance will be sanctioned only in case of prolonged hospitalization.

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4. In Clause 16 of the revised Medical Attendance Rules, it has been provided that in exceptional circumstances, reimbursement up to Rs. 5, 000/- can be sanctioned. Obviously, requests for such grants should be made only in exceptional circumstances and after exhausting the entitlement/concessions already available in the Rules under Clauses 11,13 and 15.

It should be noted that all requests for special sanction under Rule 15 and 16 should be accompanied by Appendix II to the Circular pertaining to Medical Attendance Rules No. Accts: PC: 057: 84-85: 273 dated 05.11.1984. All such requests duly recommended by the Divisional Heads should be sent to Director (Personnel) through Secretary & Financial/ for obtaining approval/ controller of MD/Chairman.

In the Personnel Department, a consolidated Register will be maintained giving full details of such sanctions accorded from time to time.

Ref: - MD/00/13

dated 10<sup>th</sup> June 1985