

**OFFICE MEMORANDUM**

It is brought to the notice of all concerned that the medical benefits as per CS(MA) Rules is admissible to the dependant family members who fulfill the eligibility criteria as prescribed under the rules and it is the responsibility of the Govt. employee to inform the office regarding the deletion of the child/children/brother from the dependency list.

Accordingly, all the staff members/pensioners are hereby requested to submit **fresh declaration in respect of their dependant family members** in the prescribed format on or before 21.02.2012 failing which no medical benefit will be extended for them. The prescribed proforma is available in Gen. Section and can also be down loaded from IMMT website.

The definition of family under CS(MA) Rules is enclosed ( Annexure-I) which may please be referred to for filling up the prescribed proforma. The dependency for obtaining medical benefit will be determined as per the said definition and other instructions as applicable.

Sd/-  
(P K Ray)  
Administrative Officer

Encl: As above

**Copy to:**

1. Medical Officer, IMMT, Bhubaneswar – with a request to remove the Health Record Books from the folders of the employees/pensioners who have crossed the age limit as per the enclosed definition of family.
2. All Notice Boards
3. Pensioners
4. PS to Director.
5. PA to AO
6. All HoDs- with a request to bring the contents of this O.M. to the notice of all concerned working with them.
7. Chairman, Health Committee
8. HOD- Computer – with a request to display this OM and proforma in our website.
9. Office

Copy.

## DECLARATION OF FAMILY/DEPENDANTS FOR AVAILING MEDICAL BENEFITS

1. Name of the Employee :

2. Designation :

I.D. No.

3. Particulars of Self and Family members for whom the medical benefit is claimed.

Sl.No.	NAME	Relationship	Date of Birth/Age	Blood Group	Whether Married Or not	If employed/ Pensioner Monthly Income
1						
2						
3						
4						
5						
6						
7						
8						

i) In case of pensioners the attested copies of PPO showing the original pension [before commutation] shall be enclosed.

ii) Certificate of date of birth in respect of brother(s) shall also be enclosed.

iii) Certificate of date of birth of the son

4. Name of the office in which the other spouse is working :

5. Whether you desire to avail the medical benefit from IMMT in respect of your spouse a joint declaration in prescribed format separately :

**Declaration:**

I hereby declare that all the above declared family members except my wife/husband is/are having less than 3500/- income per month and all are dependant on me [Please strike out which are not required].

Signature of the Employee/Pensioner  
With Date

**:2:**

**Family means :- [i] Husband/Wife including more than one wife and also judicially separated wife [ii] Parents and step mother [iii] Adoptive parent [iv] Sisters(dependant Un-married/divorced/abandoned or separated from their husband/widowed), [vi] Dependant minor Brothers. [vii] Children including legally adopted children, step children and children taken as wards subject to the following conditions.**

**Unmarried Son: Till he starts earning or attains the age of 25 years, whichever as earlier.**

**Daughter : Till she starts earning or gets married which ever is earlier irrespective of age limit.**

**Son suffering from Permanent Disability of any kind [Physical or mental] : No age limit**

**[viii] Minor brother(s) – upto the age of becoming a major.**

:3:

**JOINT DECLARATION FOR AVAILING MEDICAL BENEFIT**  
**[To be filled up in case both the spouses are working]**

- 1. Name of the Employee**
- 2. Designation**
- 3. ID No.**
- 4. Name of the Office/Organisation in which other spouse is working**
- 5. Whether the other spouse is getting any fixed Medical allowance from his/her employer or Availing any medical benefit from his/her Employer or covered under any medical insurance.**

**Signature of the Employee**

**DECLARATION**

**We hereby declare that the above particulars are correct we will avail the medical benefit from IMMT dispensary, Bhubaneswar and prefer the bills from here. We will not claim any medical reimbursement from any other office/organization.**

**Signature of other spouse with date  
date**

**Signature of the Employee with**