

F.No. 4/34/2017-P&PW(D)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Pension and Pensioners Welfare

3rd Floor, Lok Nayak Bhawan,
Khan Market, New Delhi
Dated: 31 -01-2018

OFFICE MEMORANDUM

Sub: Grant of Fixed Medical Allowance to Central Government Civil Pensioners residing in areas not covered under Central Government Health Scheme -reg.

The undersigned is directed to refer to this Department's OM No. 38/99/99-P&PW(C) dated 17-4-2000 on the subject mentioned above and to say that in accordance with the instructions contained therein, Central Government Civil Pensioners, residing in an area not served by any CGHS dispensary or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, even though their places of residence may fall within the limits of a CGHS covered cities, are required to submit the following documents for claiming Fixed Medical Allowance:

- a) An undertaking in the prescribed format.
- b) A certificate from the Medical Authorities of CGHS or from authorities of corresponding Health Schemes of the concerned Ministries/Departments, as the case may be, that the area where the pensioner is residing is not served by any dispensary under CGHS or the corresponding Health Scheme administered by the Ministry/Department.

2. Keeping in view the difficulties being faced by the pensioners in obtaining the required certificate from the concerned Medical Authorities, the matter has been reconsidered in consultation with the Ministry of Health and Family Welfare. It has now been decided that the pensioners, residing in areas not covered by CGHS or any corresponding Health Schemes administered by other Ministries/Departments, as the case may be, would no longer be required to submit a certificate referred to in para 1 (b) above.

Cond/-

However, such pensioners would continue to submit an undertaking in the following format:

I _____, a retired employee of _____ (Office Address) _____ declare that I am residing at _____ (Residential Address indicated in PPO) _____, which area is not covered under CGHS or any corresponding Health Scheme administered by the Ministry/Department of _____, (as the case may be). I have also not obtained and do not wish to obtain a CGHS Card for availing out-door facilities under CGHS/Corresponding Health Scheme of other Ministries/Departments from any dispensary situated in an adjoining area.

3. A Central Government Civil Pensioner is also required to fill the enclosed Form along with above mentioned undertaking.

4. All the pension disbursing authorities are required to obtain the above undertaking along with the Form, as mentioned in Para 3 above, from such pensioners before sanctioning Fixed Medical Allowance. An entry to this effect should also be made in their PPOs.

Sanjay Wadhawan
(Sanjay Wadhawan)

Deputy Secretary to the Govt. of India
Tel. No. 24655523

Encl: As above

To

All Ministries/Departments of Government of India (As per standard mailing list)

Copy to :

- (1) Comptroller and Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi-110 124.
- (2) Controller General of Accounts, Mahalekha Niyantrak Bhawan, GPO Complex, Block E, Aviation Colony, INA Colony, New Delhi-110003 .
- (3) Chief Controller (Pension), Central Pension Accounting Office, Trikoot-II, Bhikaji Cama Place, New Delhi - 110 066.
- (4) Dr. Bindu Tiwari, Director (CGHS Policy), Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi.
- (5) NIC, DoP&PW for uploading on the Website.

Form for availing Medical Facilities under central Government Health Scheme or Fixed Medical Allowance after retirement.

| | | | |
|--|--|-----------------|--------------------------|
| 1. I reside/will be residing at the following address: | | | |
| Flat/House No/Bldg. Name | | Street/Locality | |
| Village & Post Office/ Block | | City & District | |
| State | | Pin Code | |
| 2. I opt the following facility | | | |
| (Please tick any one of the following) | | | |
| i. I will be residing in a CGHS area and would be availing CGHS facility | | | <input type="checkbox"/> |
| ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA) | | | <input type="checkbox"/> |
| iii. I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA | | | <input type="checkbox"/> |
| iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment | | | <input type="checkbox"/> |
| v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA. | | | <input type="checkbox"/> |
| vi. I will avail medical facilities available to spouse/family members who is an employees/pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA | | | <input type="checkbox"/> |
| vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA | | | <input type="checkbox"/> |
| This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable) | | | |

| | | | |
|--|--|------------|--|
| Name of the retiring employee/pensioner: | | Mobile No. | |
|--|--|------------|--|

(Signature of head of office)

(Signature of applicant)