

**TAMIL NADU GENERATION AND DISTRIBUTION CORPORATION LIMITED**

AUDIT BRANCH  
N.P.K.R.R.MAALIGAI,  
144, ANNA SALAI,  
CHENNAI – 02.

Letter.No. 047414/4585/F46/461/2023, dated 19.12.2023.

To

All Pensioners Association & Unions

Sir,

Sub: Medical Aid – New Health Insurance Scheme-2018 for Pensioners (including spouse)/Family Pensioners – Provision of Health Care Assistance to the Pensioners through M/s United India Insurance Company Limited – Reimbursement of Medical expenses – Settlement of Claims - Reg.

Ref: 1. (Per) CMD TANGEDCO Proceedings No.191 (SB), dt.20.10.2018.  
2. (Per) CMD TANGEDCO Proceedings No.72 (SB), dt.11.04.2022.  
3. (Per) CMD TANGEDCO Proceedings No.192 (SB), dt.01.11.2022.

\*\*\*\*\*

I am to state that the New Health Insurance Scheme, 2018 was implemented in TANGEDCO to provide Health care assistance to the Pensioners of TANGEDCO with effect from 1<sup>st</sup> November, 2018 – vide proceedings first cited. Initially, the claims made by the Pensioners for reimbursement of the Eligible Medical Expenses incurred by them in non-network hospitals, were placed before the District Level Empowered Committee of various Districts for its approval. Considering the delay in processing the claims of the Pensioners of TANGEDCO, an Internal Committee was constituted to scrutinize the bills of the Pensioners of TANGEDCO for early settlement of the claims as suggested by M/s.United India Insurance Co. Ltd – vide Proceedings second cited. Accordingly, the bills which were kept pending before the DLECs of various districts

have been collected by the O/o.CIAO/Audit Branch and also by the SEs of various EDCs and processed by the Audit Branch. After formation of the said Committee, the bills are directly received by the Audit Branch and processed for onward transmission to M/s.UIICL for settlement of claims.

2. Further, I am to state that the validity of the aforementioned Scheme had expired on 04.11.2022 and the New Health Insurance Scheme 2022 for Pensioners of TANGEDCO has been implemented with effect from 05.11.2022 for a block period of 4 years. Even then, certain Pensioners have been submitting the claim applications for reimbursement and after obtaining the recommendations of the Internal Committee, the said Applications have been forwarded to M/s.UIICL for settlement. But, the said documents have not been accepted by M/s.UIICL stating that there should be a time limit for accepting the same as per the IRDA guidelines and conveyed the following:

- (i) The claims of the pensioners for the treatments taken during the first 2 Policy Years under NHIS 2018, i.e. from 01.11.2018 to 04.11.2020 cannot be accepted and processed as they have finalized and closed accounts for the said period. However, they have agreed to process the claims for the said period if the pensioners submitted their documents earlier and provide sufficient evidence for the same before 31.01.2024.
- (ii) The claim documents for the period from 05.11.2020 to 04.11.2022 will be accepted by them and processed with a cut-off date for submission of document on **31.01.2024**.
- (iii) **Settlement of Claims for the period from 05.11.2022 to 04.11.2023 under NHIS 2022:** The representatives of M/s. UIICL have informed that all the claims pertaining to the First Policy Year of NHIS 2022 (05.11.2022 to 04.11.2023) should be made within a cut off date for submission of documents to UIIC on or before 31.01.2024.

3. The Pensioners/Family Pensioners should be submittd the bills to the Chief Internal Audit Officer/Audit Branch, in time so as to enable this office scrutinize the same and forward to M/s.UIICL for early settlement of claims.

  
CHIEF INTERNAL AUDIT OFFICER  
AUDIT BRANCH

Copy to:

- The General Secretary, TNEB Retired Officials' Association,  
Plot No.68, Elango Street, VGP Shanthi Nagar, Pallikaranai, Chennai – 600 100.
- The General Secretary/Federation of TNEB Pensioners Associations,  
G2, Plot No.87, Door No.31, Ramyam Apt., Nehru St, Alwarthirunagar, Chennai-87.
- The General Secretary/TNEB Pensioners' Progressive Union,  
TANGEDCO campus, No.144, Anna Salai, Chennai-600 002.
- The General Secretary/Electricity Board Pensioners' Welfare Association,  
No.27, Mosque Street, Chepauk, Chennai-600 005.
- The General Secretary/Tamil Nadu Electricity Retired Workers' Association,  
No.16, 10<sup>th</sup> East Main Road, Gandhi Nagar, Vellore-6.
- The General Secretary/TNEB Retired Employees' & Officers' Association,  
No.18, Ellaiyamman Koil Street, West Mambalam, Chennai-600 033.
- The State General Secretary/Bharathiya Electricity Pensioners' Federation,  
No. 2/3, IIIrd Floor, State Bank Street, Anna Salai, Chennai – 600 002.
- The General Secretary, TNEB Retried Engineers' Sangam,  
- No.44, Ramasamy Garden Street, Royapettah, Chennai 600 014.
- The General Secretary, TNEB Retired Employees' and Officers' Sangam,  
No.39/101, Singanna Street, Chintadripet, Chennai 600 002.



**United India Insurance Co. Ltd**

(Government of India Undertaking)

Division Office 010600: 5th Floor

PLA Ratna Towers, 212 Anna Salai, Chennai- 600 006

மண்டல அலுவலகம் 010600: 5 வது தளம், பிளா ரத்னா டவுன்ஸ்,

212 அண்ணாசாலை, சென்னை- 600 006

044-2829 7804

(ஆயிரம் விளக்குகள் மெட் ரோ நிலையம் அருகில்)

E-Mail: 010600@uiic.co.in

**MD**  
**india**



**Common Claim for NHIS Schemes (Employees and Pensioners)**

1. Please fill this form in BLOCK CAPITAL letters
2. This form is applicable for one admission only. Use separate forms for each claim.

Name of the Employee/ Pensioner	
Emp/ GPF/ PPO No	
Name of the office/ Treasury	
NHIS ID Card No	
Complete residential address and Pin code	
Mobile No	
E mail ID (if available)	
Name of the Patient	
Relation to the Employee/ Pensioner	
Date of admission	
Date of discharge	
Name of the Hospital	
Date of submission of Claim form	
Office to which Claim form is submitted	

**CHECK LIST FOR SUBMISSION OF REIMBURSEMENT CLAIM**

While submitting the Reimbursement documents please ensure that a complete set of following documents are attached. Kindly arrange the document in the same order as in the check list and keep checking again the designated box when you do so. This way you can ensure that you have not missed any documents.

Type of Document	Availability (yes/ No) Check the boxes			
Copy of NHIS ID card or Annexure IV form	Yes		No	
Original Discharge Summary issued by hospital	Yes		No	
Original Hospital Final Bill	Yes		No	
Original Detailed /Breakup of hospital final bill	Yes		No	
All original Individual Cash Receipts	Yes		No	
Original Pharmacy Bills with prescription.	Yes		No	
Original Investigation/ Lab Reports/ Films	Yes		No	
Original Implant / Stent Invoice (if applicable)	Yes		No	
Copy of FIR/MLC Report in case of accidents	Yes		No	
First page of bank pass book or cancelled cheque leaf	Yes		No	

**Declaration**

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim.

Date:

Signature of the Employee/ Pensioner





SECRETARIAT BRANCH,  
144, ANNA SALAI,  
CHENNAI - 2.

**Letter No.43987/A13/A131/2023 -1, dated 18.12.2023.**

From  
R.DEVARAJ, M.Com.,  
SECRETARY/TANGEDCO.

To  
All Chief Engineers, (w.e.).  
All Chief Financial Controllers, (w.e.).  
TANGEDCO & TANTRANSCO, (w.e.).  
The CIAO (a/c)/Audit Branch/Chennai – 2. (w.e.).  
All Superintending Engineers. (w.e.).

Sir/Madam,

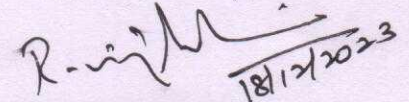
Sub: TANGEDCO - SB - New Health Insurance Scheme – United India Insurance Co. Ltd., Chennai - Reimbursement of medical expenses - Standard Claim Form – Received from UIIC - Communicated.

- Ref: 1. G.O.Ms.No.160, Finance (Salaries) Department,  
dated 29.06.2021.  
2. (Per.) CMD TANGEDCO Proceedings No.162, ( SB)  
dated 17.07.2021.  
3. From the United India Insurance Co. Ltd., Chennai,  
Letter No.010600/Health/0311/2023, dated 03.11.2023.

\*\*\*\*\*

I am to enclose herewith the United India Insurance Co. Ltd., Chennai, letter received in the reference third cited along with the standard claim form for circulating the same to all the employees working under your control for forwarding the claim for reimbursement under the New Health Insurance Scheme.

Yours faithfully,

  
18/12/2023

(R.VIJAYALAKSHMI)  
SECTION OFFICER  
for SECRETARY/TANGEDCO

**Copy to:-**

The Chairman-cum-Managing Director's Table. (w.e.).  
The Managing Director/TANTRANSCO. (w.e.).  
All Directors/TANGEDCO and TANTRANSCO.



The Director General of Police/Vigilance/Chennai -2. (w.e.).  
The Secretary/TANGEDCO/Chennai-2. (w.e.).  
The Legal Adviser/TANGEDCO/Chennai - 2. (w.e.).  
The Industrial Relations Adviser/TANGEDCO/Chennai-2. (w.e.).  
The Deputy Secretary/Administration/Inspection/Vigilance/TANTRANSCO/  
Secretariat Branch/Chennai - 2. (w.e.)  
The Medical Officer/Head Quarters Dispensary/TANGEDCO/Chennai -2. (w.e.)  
All Senior Personnel Officer/Administrative Branch/Chennai - 2. (w.e.)  
All Under Secretaries/Secretariat Branch/Chennai-2. (w.e.)  
The Industrial Relations Officer/TANGEDCO/Chennai - 2. (w.e.)  
The Assistant Personnel Officer/Tamil Development - for publication in the (2 copies)  
All Sections/Secretariat Branch/Chennai-2. (w.e.).  
Tamil Nadu Electricity Workers' Federation.  
Tamil Nadu Electricity Board Accounts & Executive Staff Union.  
Tamil Nadu Electricity Board Workers' Progressive Union (LPF).  
Central Organisation of Tamil Nadu Electricity Employees.  
Minsara Pirivu Anna Thozhir Sangam.  
Tamil Nadu Minvariya Janatha Thozhilalar Sangam.  
Tamil Nadu National Electricity Workers Federation (Xavier Group)  
Tamil Nadu National Electricity Workers Federation (Swarnaraj Group)  
Tamil Nadu Electricity Board Engineers Sangam.  
Tamil Nadu Electricity Employees Congress.  
Tamil Nadu Electricity Board Thozhilalar Poriyalai Aykkiya Sangam.  
Tamil Nadu Electricity Board Engineers' Association.  
Tamil Nadu Electricity Board Finance and Accounts Officers' Association.  
Bharathiya Electricity Employees Federation.  
Tamil Nadu Electricity Board Card Billing Staff Union.  
Tamil Nadu Electricity Board Dr. Ambedkar Employees Union.  
Tamil Nadu Electricity Board Engineers' Union.  
Tamil Nadu Electricity Board Employees' Federation.  
Tamil Nadu Electricity Board Paatali Thozhir Sangam.  
Stock file.



From,	To,
Letter No.	The Chief Manager
Date:	Divisional Office- 010600
	United India Insurance Co. Ltd
	PLA Ratna Towers, 212, Anna Salai
	Chennai- 600 006

**Sub: Forwarding of Reimbursement Claim of Tmt/ Thiru .....**

- Ref: 1. G.O.Ms.No.160, Dated 29th June 2021 issued by Finance [Salaries] Department.  
 2. G.O.Ms.No.204, Dated 30th June, 2022 issued by Finance [Health Insurance] Department.  
 3. Letter No. 30465/Finance (H1)/2022-1 dated 17/09/2022 issued by Finance (Health Insurance) department  
 4. Letter No. 29375/ Finance (HI-2)/2023 dated 03/10/2023 issued by Finance (Health Insurance) Department.

Madam/ Sir,

1. With reference to the applicable GOs governing NHIS schemes and Ref.03 cited above, all the **original reimbursement medical claim documents** along with the claim form received from the the employee/ pensioner as stated below is being recommended and forwarded to your office.

Name of the Employee/Pensioner		
Emp/ GPF/ PPO No		
Name of the office/ Treasury		
NHIS ID Card No		
Name of the Patient		
Relation to Employee/ Pensioner		
Period of Admission	Date of admission	
	Date of discharge	
Name of the Hospital		
Complete Correspondence address of employee/ Pensioner with Pin code and Mobile Number		

2. For your information and further necessary action please.

Yours Sincerely

Annexures:

Claim form in original  
 Original Medical documents as per the check list in claim form





**United India Insurance Co. Ltd**  
(Government of India Undertaking)

Division Office 010600: 5th Floor

PLA Ratna Towers, 212 Anna Salai, Chennai- 600 006

மணா ல ஆபீஸ்க்கம் 010600: 5 வது தளம், பிளா ரத்னா டவுன், சென்னை, 600 006

212 அண்ணா சாலை, சென்னை- 600 006

044-2829 7804

(ஆயிரம் வினாக்கள் பெர் கோ கிணைஸ் அறியல்) E-Mail:010600@uiic.co.in

**MD**  
**India**

Math Assist

**Common Claim for NHIS Schemes (Employees and Pensioners)**

1. Please fill this form in BLOCK CAPITAL letters.
2. This form is applicable for one admission only. Use separate forms for each claim.

Name of the Employee/ Pensioner	
Emp/ GPF/ PPO No	
Name of the office/ Treasury	
NHIS ID Card No	
Complete residential address and Pin code	
Mobile No	
E mail ID (if available)	
Name of the Patient	
Relation to the Employee/ Pensioner	
Date of admission	
Date of discharge	
Name of the Hospital	
Date of submission of Claim form	
Office to which Claim form is submitted	

**CHECK LIST FOR SUBMISSION OF REIMBURSEMENT CLAIM**

While submitting the Reimbursement documents please ensure that a complete set of following documents are attached. Kindly arrange the document in the same order as in the check list and keep checking again the designated box when you do so. This way you can ensure that you have not missed any documents.

Type of Document	Availability (yes/ No) Check the boxes	
Copy of NHIS ID card or Annexure IV form	Yes	No
Original Discharge Summary issued by hospital	Yes	No
Original Hospital Final Bill	Yes	No
Original Detailed /Breakup of hospital final bill	Yes	No
All original Individual Cash Receipts	Yes	No
Original Pharmacy Bills with prescription.	Yes	No
Original Investigation/ Lab Reports/ Films	Yes	No
Original Implant / Stent Invoice (if applicable)	Yes	No
Copy of FIR/MLC Report in case of accidents	Yes	No
First page of bank pass book or cancelled cheque leaf	Yes	No

**Declaration**

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim.

Date:

Signature of the Employee/ Pensioner