



पावर ग्रिड कोर्पोरेशन ऑफ इंडिया लिमिटेड
Power Grid Corporation of India Limited
सूचना का अधिकार अभिनियम 2005 के अंतर्गत केन्द्रीय लोक सूचना अधिकारी
Central Public Information Officer under the RTI Act, 2005
केन्द्रीय कार्यालय, 'सादामिनी', प्लॉट नं.2, सेक्टर-29, गुडगांव, हरियाणा-122007
Corporate Centre, 'Saudamini', Plot No. 2, Sector-29, Gurgaon, Haryana-122007



PGCIL/A/2019/60037

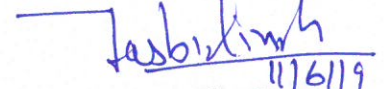
Dated: 11 June, 2019

Shri C.N. Suresh Babu,
11, Sushibitha, 1st Cross, Florence School Road, RMV 2nd Stage, Nagashettyhalli, Bangalore-560094
Karnataka

Sub: Appeal under RTI Act, 2005 from Shri C.N. Suresh Babu, (appeal letter dated 06.05.2019) for RTI request (PGCIL/R/2019/50157) dated 18 April, 2019.

Dear Sir,

This has reference to the order No. C/CP/AA/RTI Act, 2005 dated 10th June, 2019 from the Appellate Authority on the subject matter. As directed by the Appellate Authority, the desired information is attached herewith **Annexure-A**.

भवदीय,

11/6/19
(जसबीर सिंह)

वरिष्ठ महाप्रबंधक (के. आ.) एवं के.लो.सू.अधिकारी

Email ID: cpio.cc@powergrid.co.in

Annexure-A

Activation of web application for medical claim has to be done by the respective retired employee themselves (procedure detailed in Annexure-I). Upon registering for the login through the Ex-employee portal, a confirmation message is displayed in the registration page itself.

Further, your web application account is activated & the dependent details are also updated in the ex-employee portal.

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Power Grid Corporation of India Ltd.
(Corporate HR Department – Retirement Cell)

CC/HR/Retirement Cell/PRMB

Date : July 20th, 2018

Circular

Subject: Steps and process for Registration and submission of Medical bills in Superannuation Portal of POWERGRID by Superannuated employees/ Spouse/dependent parents of retired deceased employees/ nominees of deceased employees (while in service)

This has reference to Circular dated April 30th 2018 (copy enclosed) regarding introduction of Digital Empowerment tools for availing reimbursement of medical bills for Superannuated employees/ Spouse/ dependent parents of retired deceased employees/ nominees of deceased employees (while in service) in POWERGRID Superannuated employee portal. It has been observed that some of such persons are facing difficulty either in completing essential first time registration in Superannuation Portal or in uploading/submitted their online Medical claim in the said Portal.

In order to facilitate these Superannuated employees/ Spouse/dependent parents of retired deceased employees/ nominees of deceased employees (while in service), a simple procedure in two steps has been prepared as per details given below:

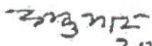
Step 1 : Process for First time Registration in Superannuation Portal of POWERGRID (Annexure I)

Step 2 : Process for claiming Medical re-imburement in Superannuation Portal (Annexure II)

All concerned are requested to go through these steps as elaborated in the Annexures and submit their online claims accordingly. Further, for offline mode, the claims may be sent to the concerned Nodal Officer alongwith relevant Forms and documents (bills/prescriptions, etc.-in Original)

All required updated formats for claiming medical reimbursements for self/dependents (as applicable) are given below:

- (i) Retired Employee/ Spouse/dependent parents of Retired deceased Employee
(a) On-line mode (without printing facility) – Form A
(b) Off-line mode – Form B
- (ii) Nominee of deceased employee (while in service)
(a) On-line mode (without printing facility) – Form C
(b) Off-line mode – Form D


(Arun Kumar) 20/7/18
DGM (HR)

Ends: As above

Distribution:

1. All Superannuated employees/ Spouse/ dependent parents of retired deceased employees/ nominees of deceased employees (while in service)
2. HoP/Nodal Officers of Region – with a request to inform all concerned accordingly
3. Superannuated Employees Portal

पावर ग्रिड कॉर्पोरेशन लिमिटेड
(केन्द्रीय मानव संसाधन विभाग - सेवानिवृत्ति प्रकोष्ठ)

सीसी/एचआर/सेवानिवृत्ति सेल/पीआरएनबी

दिनांक: सुनाई 20, 2018

परिपत्र

विषय: सेवानिवृत्त कर्मचारी/सेवानिवृत्त मृतकर्मचारियों के पति/पत्नी/आश्रित माता-पिता/ मृत कर्मचारियों के नामांकित व्यक्तियों हेतु पावरग्रिड के सेवानिवृत्ति पोर्टल में पंजीकरण एवं मेडिकल बिल जमा करने के लिए कदम और प्रक्रिया

डिजिटल सशक्तिकरण के अंतर्गत पावरग्रिड सेवानिवृत्त कर्मचारी पोर्टल में सेवानिवृत्त कर्मचारी/ सेवानिवृत्त मृत कर्मचारियों के पति/पत्नी/आश्रित माता-पिता/ मृत कर्मचारियों के नामांकित व्यक्तियों हेतु चिकित्सा बिलों की प्रतिपूर्ति का माह उठाव के लिए दिनांक 30 अप्रैल 2018 को परिपत्र (प्रति संलग्न) जारी किया गया है। यह देखा गया है कि पूर्वकथित कुछ व्यक्तियों को सेवानिवृत्ति पोर्टल में पहली बार पंजीकरण पूरा पंजीकरण में कठिनाई का सामना करना पड़ रहा है एवं कुछ को पोर्टल में अपने ऑनलाइन मेडिकल दावे को अपलोड/जमा करने में कठिनाइयों का सामना करना पड़ रहा है।

इन सेवानिवृत्त कर्मचारी/ सेवानिवृत्त मृत कर्मचारियों के पति/पत्नी/ आश्रित माता-पिता/ मृत कर्मचारियों के नामांकित व्यक्तियों की सुविधा का ध्यान रखते हुये, हमने नीचे बताए गए दो चरणों में एक सरल प्रक्रिया तैयार की है:

चरण 1: पावरग्रिड के सेवानिवृत्ति पोर्टल में पहली बार पंजीकरण के लिए प्रक्रिया (अनुलग्नक I)

चरण 2: सेवानिवृत्ति पोर्टल में मेडिकल दावा प्रतिपूर्ति जमा करने की प्रक्रिया (अनुलग्नक II)

सभी संबंधित लोगों से अनुरोध है कि वे निम्नलिखित अनुलग्नकों में विस्तारित विभिन्न चरणों के माध्यम से जाएं और तदनुसार अपने ऑनलाइन दावों को प्रस्तुत करें। इसके अलावा, ऑफलाइन मोड के लिए, संबंधित नोडन अधिकारी को प्रारंभिक फॉर्म के साथ दावों को (बिल/पंच (मूल में), आदि सहित) भेजा जा सकता है।

मृत्यु/आश्रितों के लिए चिकित्सा खर्च का दावा करने के लिए सभी आवश्यक प्रारूप (जैसा लागू हो) नीचे दिए गए हैं:

(i) सेवानिवृत्त कर्मचारी / सेवानिवृत्त मृत कर्मचारियों के पति/पत्नी/ आश्रित माता-पिता

(ए) ऑनलाइन मोड (मुद्रण सुविधा के बिना) - फॉर्म ए

(बी) ऑफलाइन मोड - फॉर्म बी

(ii) मृत कर्मचारी (सेवा में रहते हुए) के नामांकित व्यक्ति

(ए) ऑनलाइन मोड (मुद्रण सुविधा के बिना) - फॉर्म सी

(बी) ऑफलाइन मोड - फॉर्म डी

20/7/18
(लक्षण कुमार)

उप महाप्रबंधक (मा.सं.)

संलग्नक: पूर्वकथित

वितरण: अंग्रेजी परिपत्र के अनुसार



सदस्य स.के./वा.सं./मिडिकल

April 30, 2018

CIRCULAR

Sub: Digital empowerment tools for availing reimbursement of medical bills for Superannuated/dependent of deceased employees.

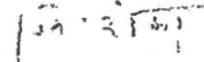
POWERGRID has enabled several online features to facilitate Superannuated employees/ dependents of deceased Employees to access their account without visiting office. These features are expected to empower them to access the Medical claim online. Accordingly, the following can be done online through Superannuated Employees Portal in POWERGRID Intranet web site;

- ✓ Submission of Medical claim online (Indoor/ Outdoor Treatment);
- ✓ Status of balance amount of the Medical ceiling limit;
- ✓ SMS/ Email alert regarding status of Medical claim i.e. Bill processed/ Bill paid;
- ✓ Uploading Life Certificate;
- ✓ Claimed Medical bill statement view;
- ✓ Checking the Medical Claim history;
- ✓ Up-gradation of Profile like change of Mobile No./ Email Id;

The above application is available under the link <https://webapps.powergrid.in/exemployee/> in the POWERGRID website.

1. **Online Mode:** The above module can be used for submission of medical claims and checking the status of bill. It is a user friendly platform and makes submission of medical claim form a complete end to end digital interface without visiting office. In this regard, the beneficiaries are required to complete the following required action;
 - Fill up the New Medical Claim details in the said portal;
 - Submit the same online;
 - Take the print out of online request;
 - Attach the original prescription and bills and forward the same to concerned F&A Deptt. through post/ in-person for payment.
 - If printing is not possible, fill the enclosed Medical Claim Form including Request ID generated online and forward to F&A Deptt. for payment.
2. **Offline Mode:** Some of the beneficiaries may be having difficulties to access the internet. Such persons are advised to contact/ forward to the Nodal Officer/ Facilitator the existing Medical Claim form duly filled and signed along with prescription & bills in original. Based on the claims submitted by beneficiary, data will be entered in the portal by Nodal Officer/ Facilitator notified in the said portal and originals will be forwarded by them to Finance Department for payment.

This issues with the approval of Competent Authority.


(N. Shankar)

General Manager (HR & Law)-1/c

Encls: As above



संदर्भ सं. के.एम.ए./ मेडिकल

30 अप्रैल 2018

परिपत्र

Sub: सेवानिवृत्त कर्मचारियों/ दिवंगत कर्मचारियों के अधिकारों के मेडिकल दावों की प्रतिपूर्ति हेतु ऑनलाइन डिजिटल सशक्तिकरण के संबंध में।

पावरग्रिड में सेवानिवृत्त कर्मचारियों/ दिवंगत कर्मचारियों के अधिकारों को बिना किसी कार्यालय गए पर बैठे सभी काम सुचारु रूप से हो जाने हेतु कई ऑनलाइन सुविधाएं उपलब्ध कराई हैं। इन सुविधाओं से वे मेडिकल दावों ऑनलाइन रूप में सशक्त हो पाएंगे। तदनुसार, ऑनलाइन पावरग्रिड इन्फोर्मेटिव वेबसाइट में सुपरन्यूएटेड कर्मचारी पोर्टल में निम्नलिखित किया जा सकता है:-

01. मेडिकल दावों ऑनलाइन जमा करना (इंडोर / आउटडोर उपचार)
02. मेडिकल सीलिंग सीमा की शेष राशि की स्थिति को जान पाना
03. मेडिकल दावों की स्थिति के संबंध में एसएमएस / ईमेल अलर्ट जैसे की विल संसाधित / विल भुगतान मिल पाना
04. जॉबन प्रस्ताव पत्र अपलोड करना
05. दावा किया गया मेडिकल बिल स्टेटमेंट देख पाना
06. मेडिकल दावा इतिहास देख पाना
07. प्रोफाइल अपडेट जैसे की मोबाइल नंबर / ईमेल आईडी बदलना

उपरोक्त एप्लिकेशन पावरग्रिड वेबसाइट में <https://webapps.powergrid.in/exemployee/> लिंक के अंतर्गत उपलब्ध है।

01. ऑनलाइन तरीका: उपरोक्त मॉड्यूल का इस्तेमाल भिन्नता दावों को जमा करने और बिल की स्थिति की जांच के लिए किया जा सकता है। यह एक उपयोगकर्ता मैत्रीपूर्ण (User-Friendly) प्लेटफॉर्म है जो एक सम्पूर्ण डिजिटल इंटरफेस है जिसमें कार्यालय आने की आवश्यकता नहीं है। इस संबंध में, लाभार्थियों को निम्नलिखित आवश्यक कार्रवाई को पूरा करने की आवश्यकता है:-

- पोर्टल में नए मेडिकल दावा विवरण भरें
- उसे ऑनलाइन जमा करें
- ऑनलाइन अनुरोध का स्टेटस आउट ले
- मूल प्रिस्क्रिप्शन और विल संलग्न करें और इसे भुगतान हेतु (डाक द्वारा या खुद) संबंधित विल विभाग को अग्रहित करें
- यदि प्रिंटिंग संभव नहीं है, तो संलग्न मेडिकल दावा फार्म भरें जिसमें ऑनलाइन उत्पन्न अनुरोध आईडी का उल्लेख करें और भुगतान हेतु विल विभाग को अग्रहित करें।

02. ऑनलाइन तरीका: कुछ लाभार्थियों को इंटरनेट की सुविधा नहीं हो सकती है। ऐसे व्यक्तियों को सलाह दी जाती है कि वे नोडल अधिकारी / सुविधाकर्ता से संपर्क करें या उनके मेडिकल क्लेम फार्म भर के एवं हस्ताक्षर कर के मूल रूप से पत्रों और विल के साथ अग्रहित करें। लाभार्थी द्वारा प्रस्तुत किए गए दावों के आधार पर पोर्टल में डेटा नोडल अधिकारी / सुविधाकर्ता द्वारा भरा जाएगा एवं सभी मूल दस्तावेजों को भुगतान हेतु विल विभाग को अग्रहित किया जाएगा।

यह सहाय प्रधिकारी के अनुमोदन पश्चात् निर्गत है।

संलग्न: उपरोक्तनुसार

(एन शंकर)
सहाय प्रधिकारी (प्रभारी) - सा.सं. एवं विधि

Step 1

(Annexure - I)

Process for First Time Registration in Superannuation Portal of POWERGRID

1. Go to website – <https://webapps.powergrid.in/exemployee/>
Preferably use Google Chrome browser.
2. A page named SUPERANNUATED EMPLOYEE LOGIN shall be opened. Click on the link – First time user? Please Register Here.
3. Enter the details as required – Employee No., Date of Birth, active e-mail ID (where password shall be sent) and text given in the Image
(Please ensure you can access your e-mail as password shall be forwarded to e-mail ID).
4. Click on "Submit" tab. Password shall be sent to given e-mail ID.
5. After getting the password, click on "Go to login Page" tab.
6. Use employee number (5 digit employee ID) as "Username" and password which was sent to the e-mail ID as "password"
7. After logging-in, password may be changed by going to "My details" → "Change Password" tab.
8. Employee details must also be filled completely by clicking on "My details" → "Update My Details" tab.
9. This completes one-time Registration Process.
10. Please remember/note down your password for future login. You may change your password as described at S. No. 7. However, your username (login ID) is not changeable and it shall always remain your five digit employee number.

Step 2

(Annexure - II)

Process for Claiming Medical Re-imburement in Superannuation Portal

1. After completion of step 1 or if you already registered and have Username (employee ID) and password, login-in in Superannuation Portal - <https://webapps.powergrid.in/employee/>
2. At home page, click on "New Medical Claim" under "Medical" head visible on left side of screen, then click on "Create New Medical Claim Request" tab.
3. Fill in all the required details pertaining to each doctor's medical consultation/medical cost on the opened window. Entry of total consultation fee/medical cost, other expenses be made. Similar entries for other doctors can be made.
4. Click on "Calculate total" tab being shown at the bottom of the page.
5. Click on "Save as draft" tab.
6. A request ID shall be generated for each consultation and the application shall be visible on the upper side of the window.
7. Depending upon requirement, click on "Edit Draft" tab for making changes. If the application is to be discarded, click on "Delete Draft" tab.
8. If the claim is final and complete, click on "Submit for Approval" for online submission of the claim.
9. Repeat the process from S. No. 3 to S. No. 10 for more than one claims.
10. For print-out, click on the check-boxes against the submitted Request IDs as per requirement. If all the claims are to be printed on the same page, click all check-boxes, otherwise one at a time or combination of them.
11. Download for print. A pdf file shall be downloaded below the screen. Click on the pdf file. On clicking the pdf file, a single page will open. Give command for print-out and get a printed copy. With this printed copy, please attach all bills and prescriptions. Sign and send.
12. Wherever printing facility is not available, form attached herewith must be filled and signed and sent alongwith Original prescription and bills.

Claim Form where computer facility is not available (Off-line) : FORM-B

पावर ग्रिड कॉर्पोरेशन ऑफ इन्डिया लिमिटेड
(केन्द्रीय मानव संसाधन विभाग)



Medical Claim Form for Reimbursement of Medical Expenditure incurred
by the Retired/Spouse/dependent parent(s) of Retired deceased employee
(Hospitalization/Non- Hospitalization)

Name : _____ Emp No. _____

Region: _____ Location: _____

(Place where medical Services availed) Last Grade _____

Present Address: _____

Mobile No. _____ E-Mail _____

1. Name of the Patient :
2. Relationship with the retired employee :
3. Place at which patient fell ill :
4. Name of the doctor and Qualification or :
Hospital from where treatment taken.
5. Whether treatment is taken in empanelled/ or non-empanelled hospital:
6. Brief description about the illness:

Note:

1. Separate claim should be submitted for each spell of treatment
2. Doctor's prescription, Cash memos and all receipts in original should be attached.
3. Each column should be filled such as amount claimed, cash memo no, date, pathological and other treatment taken etc.

(To be certified by the retired/ Spouse/dependent parent(s) of retired deceased employee)

I hereby declare that:

1. The medical expenses were incurred for self/ spouse/ dependent parents (If applicable)
2. My parents are residing with me and dependent on me.
3. I am widow/widower/dependent parent(s) of Late _____
4. I fully understand that the company may refuse/terminate my membership of the Scheme at any time without assigning any reasons.
5. I will inform the changes, if any, regarding my dependent status due to any reason:
(Strike out whichever is not applicable).

Date:

(Signature of retired/
Spouse/dependent parents
of retired deceased employee)

DETAILS OF THE AMOUNT CLAIMED

| (1) NON-HOSPITALISATION CASE | AMOUNT (RS) | (2) HOSPITALISATION CASE | AMOUNT (RS) |
|--|----------------------------------|--|----------------|
| 1. Consultation Fees Bill no. Date a) b) c) <p align="right">Total 1</p> | | 1. Accommodation charges for the period from..... To..... @ Rs. Per day..... | ..... ..... |
| 2. Injection Administration Fees Bill no. Date a) b) c) <p align="right">Total 2</p> | | 2. Surgical Operation or confinement charge: <p align="right">Rs. ....</p> | ..... |
| 3. Medicines purchased Cash Memo No: Date a) b) c) d) <p align="right">Total 3</p> | | 3. Cost of Medicines <p align="right">Rs. ....</p> | ..... |
| 4. Pathological/other Tests/treatment Name of the test Amount Bill No. Date a) b) c) d) e) <p align="right">Total 4</p> | | (B) Total (1+2+3) Rs. .... | ..... |
| (A) Total (1+2+3+4) : | | Net amount claimed (A+B) | ..... |

Received Rupees(in figures)

(in words).....

Dated:

**(Signature of retired/
Spouse/dependent parent(s)
of retired deceased employee)**

Claim Form where computer facility is not available (Off-line) : FORM-D

पावर ग्रिड कॉर्पोरेशन ऑफ इन्डिया लिमिटेड
(केन्द्रीय मानव संसाधन विभाग)



Medical Claim Form for Reimbursement of Medical Expenditure Incurred
by the Nominee of deceased employee (while in service)
(Hospitalization/Non-Hospitalization)

Name of the deceased employee: _____ Emp No. _____

Region: _____ Location: _____

(Place where medical Services availed) _____ Last Grade _____

Name of the Nominee : _____

Present Address of Nominee _____

Mobile No. _____ E-Mail _____

1. Name of the Patient :
2. Relationship with the retired employee :
3. Place at which patient fell ill :
4. Name of the doctor and Qualification or Hospital from where treatment taken. :
5. Whether treatment is taken in empanelled/ or non-empanelled hospital:
6. Brief description about the illness:

Note:

1. Separate claim should be submitted for each spell of treatment
2. Doctor's prescription, Cash memos and all receipts in original should be attached.
3. Each column should be filled such as amount claimed, cash memo no, date, pathological and other treatment taken etc.

To be certified by the Nominee of deceased employee (While in service)

I hereby declare that :

1. I am widow/vidower of Late _____ and my child/ children are dependent on me and are residing with me.
2. The medical expenses were incurred for me/my child/children.
3. I fully understand that the company may refuse/terminate my membership of the Scheme at any time without assigning any reasons.
4. I will inform the changes, if any, regarding my dependent status due to any reason.

(Strike out whichever is not applicable).

Date:

(Signature of the nominee
of deceased employee)

DETAILS OF THE AMOUNT CLAIMED

| (1) NON-HOSPITALISATION CASE | AMOUNT (RS) | (2) HOSPITALISATION CASE | AMOUNT (RS) |
|--|---|--|----------------|
| 1. Consultation Fees Bill no. Date a) b) c) <p align="right">Total 1</p> | | 1. Accommodation charges for the period from..... To..... @ Rs. Per day..... | ..... ..... |
| 2. Injection Administration Fees Bill no. Date a) b) c) <p align="right">Total 2</p> | | 2. Surgical Operation or confinement charge: <p align="right">Rs. ....</p> | ..... |
| 3. Medicines purchased Cash Memo No. Date a) b) c) d) <p align="right">Total 3</p> | | 3. Cost of Medicines <p align="right">Rs. ....</p> | ..... |
| 4. Pathological/other Tests/treatment Name of the test Amount Bill No. Date a) b) c) d) e) <p align="right">Total 4</p> | | (B) Total (1+2+3) Rs. .... | ..... |
| (A) Total (1+2+3+4) : | | Net amount claimed (A+B) | ..... |

Received Rupees(in figures)

(in words).....

Dated:.....

**(Signature of the Nominee
of deceased employee)**