



NATIONAL FERTILIZERS LIMITED
CORPORATE OFFICE: HR DEPARTMENT

Ref: NFL/CO/HR/MED/PRMS-2023-24/Portal/3

Date: 16.03.2023

C I R C U L A R

Sub: Post-Retirement Medical Scheme 2023-24

All eligible retired employees of the Company who are interested to be member of the PRMS 2023-24 are required to apply as detailed below:

1. FOR EXISTING PRMS MEMBERS- Existing PRMS members can login and make payment via the PRMS Portal by following steps as mentioned at Annexure –I (Part A).
2. FOR NEW MEMBERS- Eligible ex-employees who are not members of the Scheme and wish to opt for the membership of PRMS, 2023-24 may apply for their membership by following steps as mentioned at Annexure-I (Part B).

Following officers, appointed as Nodal Officers at each Unit/Office, shall coordinate the activities related to the Scheme:-

CC/MKTG	Vijaipur	Bathinda	Nangal	Panipat
Ms Mamta Singh A.M. (HR)	Ms Ritika Soni. Dy. Manager (HR)	Sh. Anil Kumar Dy. Manager (HR)	Mrs. Meera Devi, A.M. (HR)	Sh. G.K. Chawla A.M. (Co-ord)
7073062030 prms@nfl.co.in	7803883406 ritika.soni@nfl.co.in	8707270705 kumar.anil@nfl.co.in	9463652976 medical.ngl@nfl.co.in	6239114721 gkchawla@nfl.co.in

Please note that no application will be considered after the last date i.e 29.03.2023 (as mentioned above). The category, Insurance Cover & premium to be paid is as follows:

Group	Level	Insurance Cover	Room Entitlement	Premium Payable
A	All Workmen (W0-W12)	Rs. 5.00 Lakh	Semi Private/Twin sharing	Rs. 500/-
B	Executives (E0-E5)	Rs. 7.50 Lakh	Single Private	Rs. 1,000/-
C	Executives (E6-E9)	Rs. 10.00 Lakh	Single Deluxe	Rs. 1,500/-
D	Functional Directors/ C& MD	Rs. 12.50 Lakh	Actuals/ Super Deluxe	Rs. 2,000/-

The Salient Features of the Post-Retirement Medical Scheme, 2023-24 and other information can be viewed on PRMS portal at <https://prms.nfl.co.in> .

In case of any query or assistance member may click on “Contact Us” Tab available on PRMS Portal by mentioning his/her employee number, e-mail address, contact number and submit to the PRMS Admin. For detailed instructions, please refer Annexure-I attached to this Circular.

Hindi version follows.

16/03/23

(S.K. TYAGI)
Chief Manager (HR)

Circulation:

- CM (HR), C&MD Sectt.
- Secy. to D(M)/ D(F)/ D(T)/ CVO
- All Unit Heads / HR Heads/ Zonal Heads
- All HODs, CO/CMO, NOIDA
- GM (IT) C.O. - for uploading on www.nationalfertilizers.com; at “Retired employees Desk”.

A. Existing PRMS members can login and make payment via PRMS Portal by taking following steps:-

1. Visit NFL's website www.nationalfertilizers.com>>>>Click on "Retired Employee Desk" or type <https://prms.nfl.co.in/login.php> in URL.
2. Login by entering registered mobile number.
3. OTP shall be generated and will be received on the registered mobile number and also on the email of the member.
4. Enter the OTP to login.
5. Members will be able to view their dashboard, wherein they shall click on "Manage Memberships". After this the member will click on "Request Policy" to apply for renewal of their PRMS membership.
6. Members shall choose from the drop down list; whether the membership is for Self or Self and Spouse.
7. After choosing option from the drop down list, members will upload their existence/life certificate and click on "Apply Membership" button (note: amount of premium shall automatically appear).
8. Click on "Pay Now" button for making the payment.
9. A new window will appear where in member may scan the QR code or select other payment option (UPI/Net Banking/Debit/Credit card/Wallet) for making the payment.

B. Eligible ex-employees who are not members of the Scheme and wish to opt for the membership of PRMS, 2023-24 may apply for their membership by following below procedure:-

1. The eligible ex- employees shall submit their duly filled Application Form 'B' (enclosed with this circular) to the Nodal Officer of the Unit/Office from where they have retired through email.
2. The concerned Nodal Officer shall share the details of such ex-employees to Corporate Office for further processing.
3. As soon as the ex-employee is registered as "User", he/she will receive the information on his/her phone number and e-mail address for login and to make the payment. After login by the user, he/she will be directed to the payment gateway, where he/she can pay his/her premium amount by using the Debit Card/ Credit Card/ UPI/ Net banking/ Wallet or scanning the QR code. Once the payment of premium has been received by NFL he/she will become Member.

Handwritten signature

नेशनल फर्टिलाइजर्स लिमिटेड
कॉर्पोरेट कार्यालय : मानव संसाधन विभाग



संख्या: एनएफएल/कॉ.का./मा.सं./मैडि./पीआरएमएस-2023-24/पोर्टल/3

दिनांक: 16.03.2023

परिपत्र

विषय: पोस्ट-रिटायरमेंट मेडिकल स्कीम 2023-24

कंपनी के सभी पात्र सेवानिवृत्त कर्मचारी जो पीआरएमएस 2023-24 के सदस्य बनने के इच्छुक हैं, उन्हें निम्नलिखित विवरण के अनुसार आवेदन करना होगा :

- वर्तमान पीआरएमएस सदस्यों के लिए - वर्तमान पीआरएमएस सदस्य लॉगिन कर सकते हैं और पीआरएमएस पोर्टल के माध्यम से अनुबंध-1 (भाग 'क') में उल्लिखित चरणों के अनुसार भुगतान कर सकते हैं ।
- नए सदस्यों के लिए- पात्र पूर्व कर्मचारी जो योजना के सदस्य नहीं हैं और पीआरएमएस 2023-24 की सदस्यता का विकल्प चुनना चाहते हैं, अनुबंध-1 (भाग 'ख') में उल्लिखित चरणों के अनुसार अपनी सदस्यता के लिए आवेदन कर सकते हैं ।

योजना से संबंधित गतिविधियों के संयोजन के लिए प्रत्येक इकाई/कार्यालय में निम्नलिखित अधिकारियों को नोडल अधिकारी के रूप में नियुक्त किया गया है :-

कॉर.कार्य / विपणन	विजयपुर	बठिण्डा	नंगल	पानीपत
सुश्री ममता सिंह सहा.प्रब.(मा.सं.) 7073062030 prms@nfl.co.in	सुश्री रितिका सोनी उप प्रब.(मा.सं.) 7803883406 ritika.soni@nfl.co.in	श्री अनिल कुमार सहा.प्रब.(समन्वय) 8707270705 kumar.anil@nfl.co.in	सुश्री मीरा देवी सहा.प्रब.(मा.सं.) 9463652976 medical.ngl@nfl.co.in	श्री जी.के. चावला सहा.प्रब.(समन्वय) 6239114721 gkchawla@nfl.co.in

कृपया ध्यान दें, कि किसी भी आवेदन पर अंतिम तिथि अर्थात 29.03.2023 (जैसा कि ऊपर उल्लेख किया गया है) के बाद विचार नहीं किया जाएगा । सदस्यों की श्रेणी, बीमा कवर और भुगतान किया जाने वाला प्रीमियम निम्न प्रकार से है :

श्रेणी	स्तर	बीमा कवर	कमरे की पात्रता	प्रीमियम भुगतान
A	सभी कामगार (W0-W12)	₹ 5.00 लाख	सेमी प्राइवेट/ट्विन शेयरिंग	₹ 500/-
B	अधिकारी वर्ग (E0-E5)	₹ 7.50 लाख	सिंगल प्राइवेट	₹ 1,000/-
C	अधिकारी वर्ग (E6-E9)	₹ 10.00 लाख	सिंगल डीलक्स	₹ 1,500/-
D	कार्या.निदेशक / सी एंड एमडी	₹ 12.50 लाख	वास्तविक / सुपर डीलक्स	₹ 2,000/-

पोस्ट-रिटायरमेंट मेडिकल स्कीम, 2023-24 की मुख्य विशेषताएं और अन्य जानकारी पीआरएमएस पोर्टल <https://prms.nfl.co.in> पर देखी जा सकती है ।

किसी भी प्रश्न या सहायता के मामले में सदस्य, पीआरएमएस पोर्टल पर उपलब्ध "Contact Us" टैब पर क्लिक कर सकते हैं, जिसमें उनके कर्मचारी नंबर, ई-मेल पता, संपर्क नंबर का उल्लेख किया जा सकता है और पीआरएमएस एडमिन को जमा किया जा सकता है। विस्तृत निर्देशों के लिए, कृपया इस परिपत्र के साथ संलग्न अनुबंध-1 देखें।

सहा.
16/03/23

(एस के त्यागी)
मुख्य प्रबंधक (मा.सं.)

परिचालन :

- मुख्य प्रबंधक (मा.सं.) - अध्यक्ष एवं प्रबंध निदेशक का सचिवालय ।
- निदेशक (विपणन) / निदेशक (वित्त) / निदेशक (तक.) / मुख्य सतर्कता अधिकारी के सचिव
- सभी यूनिट प्रमुख / मानव संसाधन प्रमुख / आंचलिक कार्यालय प्रमुख
- सभी विभागाध्यक्ष, कॉर्पोरेट कार्यालय / केन्द्रीय विपणन कार्यालय, नोएडा
- महा प्रबंधक (आईटी), कॉर्पोरेट कार्यालय - www.nationalfertilizers.com; के "RETIRED EMPLOYEEES DESK" पर अपलोड करने के लिये ।

- क. वर्तमान पीआरएमएस सदस्य निम्नलिखित कदमों को उठाकर पीआरएमएस पोर्टल के माध्यम से लॉगिन कर सकते हैं और भुगतान कर सकते हैं:-
1. एनएफएल की वेबसाइट www.nationalfertilizers.com >>>> "Retired Emoliyee Desk" पर क्लिक करें या यूआरएल में <https://prms.nfl.co.in/login.php> टाइप करें।
 2. रजिस्टर्ड मोबाइल नंबर डालकर लॉगइन करें।
 3. ओटीपी जनरेट होगा और यह सदस्य के पंजीकृत मोबाइल नंबर तथा ईमेल पर भी प्राप्त होगा।
 4. लॉगिन करने के लिए ओटीपी दर्ज करें।
 5. सदस्य अपने डैशबोर्ड को देखने में सक्षम होंगे, जिसमें वे "Manage Memberships" पर क्लिक करेंगे। इसके बाद सदस्य अपनी PRMS सदस्यता के नवीनीकरण के लिए आवेदन करने के लिए "Request Policy" पर क्लिक करेंगे।
 6. सदस्य ड्रॉप डाउन सूची से चुनेंगे; चाहे सदस्यता स्वयं के लिए हो या स्वयं और पति/पत्नी के लिए।
 7. ड्रॉप डाउन सूची से विकल्प चुनने के बाद, सदस्य अपने अस्तित्व/जीवन प्रमाण पत्र को अपलोड करेंगे और "Apply Membership" बटन पर क्लिक करेंगे (ध्यान दें: प्रीमियम की राशि स्वचालित रूप से दिखाई देगी)।
 8. भुगतान करने के लिए "Pay Now" बटन पर क्लिक करें।
 9. एक नई विंडो दिखाई देगी जहां सदस्य भुगतान करने के लिए QR Code को स्कैन कर सकते हैं या अन्य भुगतान विकल्प (UPI/ नेट बैंकिंग/ डेबिट/ क्रेडिट कार्ड/ वॉलेट) का चयन कर सकते हैं।
- ख. पात्र पूर्व कर्मचारी, जो योजना के सदस्य नहीं हैं और पीआरएमएस 2023-24 की सदस्यता का विकल्प चुनना चाहते हैं, वे नीचे दी गई प्रक्रिया का पालन करके अपनी सदस्यता के लिए आवेदन कर सकते हैं:-
1. पात्र पूर्व कर्मचारी अपना विधिवत भरा हुआ आवेदन प्रपत्र 'बी' (इस परिपत्र के साथ संलग्न) उस इकाई/ कार्यालय के नोडल अधिकारी को ईमेल के माध्यम से जमा करेंगे, जहां से वे सेवानिवृत्त हुए हैं।
 2. संबंधित नोडल अधिकारी आगामी प्रक्रिया के लिए ऐसे पूर्व कर्मचारियों का विवरण कारपोरेट कार्यालय के साथ साझा करेंगे।
 3. जैसे ही पूर्व कर्मचारी "User" के रूप में पंजीकृत होता है, उसे लॉगिन और भुगतान करने के लिए अपने फोन नंबर और ई-मेल पते पर जानकारी प्राप्त होगी। उपयोगकर्ता द्वारा लॉगिन करने के बाद, उसे भुगतान गेटवे पर निर्देशित किया जाएगा, जहां वह डेबिट कार्ड / क्रेडिट कार्ड / यूपीआई / नेट बैंकिंग/ वॉलेट का उपयोग करके या QR Code को स्कैन करके अपनी प्रीमियम राशि (Premium Amount) का भुगतान कर सकता/सकती है। एक बार एनएफएल द्वारा प्रीमियम का भुगतान प्राप्त हो जाने के बाद वह सदस्य बन जाएगा।



To,
Head of HR Department,
National Fertilizers Limited,
Nangal /Bathinda /Panipat /Vijaipur / CO, NOIDA

Sub: Request for Membership for NFL Post-Retirement Medical Scheme for 2023-24.

Dear Sir,

I wish to become member of the NFL PRMS for the financial year 2023-24, as per the terms and conditions of the medical insurance policy procured by NFL. The desired particulars are as under:

1.	Please indicate If application is for single OR Self & spouse	
2.	Name of the Ex-employee	
3.	Name of the Spouse	
4.	Employee No.	
5.	Designation at the time of Cessation of Service	
6.	Name of the Unit/Office from where retired.	
7.	Last drawn – Group/ Scale Code Group A- W0-W12- (Non-Executive) Group B- E0-E5- (Executive) Group C- E6-E9- (Executive) Group D- C&MD/Director- (Executive)	
9.	Date of Birth of Self	
10.	Date of Birth of Spouse	
11.	Date of joining NFL /Other PSU	
12.	Date of cessation of service	
13.	No. of years of continuous service.	
14.	Present address where membership card is to be mailed.	
15.	Telephone / Mobile No.	
16.	E.mail ID	
17.	Amount of premium (Rs.)	

I hereby declare that -

- I have read the Salient Features of the NFL PRMS and the Medi-claim Insurance policy for administration of the scheme and I am in agreement with all the details mentioned therein.
- I also agree that NFL does not take upon itself any liability arising out of admission/non-admission of any claim or any deficiency in service by TPA/ Insurance Company.
- Management of NFL reserves the right to withdraw the Scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer upon me any right of continued membership or any benefit / compensation on discontinuation of the Policy.
- I and my spouse shall be entitled to membership of NFL PRMS only on payment of requisite contribution for the relevant financial year, subject to meeting the requisite conditions.
- I and my spouse are not availing medical facilities from any organization after cessation of service from NFL.
- I/my spouse has rendered the requisite length of service to make me eligible for the membership under NFL PRMS.
- Particulars submitted by me are correct.
- I have enclosed the copy of Aadhar Card / PAN card, as Age proof. (Mandatory for ex-employees above 70 years of age)**

Thanking you,

Yours faithfully,

(Signature & Name)

Checked all details and verified.

(Dealing Officer)

POST RETIREMENT MEDICAL SCHEME (PRMS)

HOW TO RENEW YOUR MEMBERSHIP ON PRMS PORTAL

LOG ON TO – <https://prms.nfl.co.in/login.php>

NFL
एन एफ एल
NFL

NATIONAL FERTILIZERS LIMITED
(A Government of India Undertaking)

Home Login Registration Circular FAQ Contact Us

Login

Mobile No

+91 971 [Masked]

GET OTP or Register

Click on “Get OTP”

About Us | Terms & Conditions | Refund & Cancellation Policy | Contact Us | Membership Flow | Privacy Policy | Memberships Pricing

Type here to search

13°C

ENG

12:16:57 PM
20-Dec-22

ENTER YOUR REGISTERED PHONE NUMBER TO GENERATE OTP

The screenshot shows a web browser window with the URL `prms.nfl.co.in/login.php`. The page header for National Fertilizers Limited (NFL) is visible, including the logo and the text "NATIONAL FERTILIZERS LIMITED (A Government of India Undertaking)". A navigation menu contains links for Home, Login, Registration, Circular, FAQ, and Contact Us. The main content area features a "Login" form with the following fields:

- Mobile No**: `+91 9716 236` (with a blacked-out digit)
- OTP**: `102329`

A callout box with the text "Enter OTP here" has an arrow pointing to the OTP input field. Below the OTP field, there is a "Re-send OTP" link and a confirmation message: "OTP has been sent to your registered email m*****0@gmail.com and mobile no*****0236." At the bottom of the form, there is a red "LOGIN" button and a link to "or Register".

Click on Manage Membership

NFL POST RETIREMENT MEDICAL

Not secure | 100.110.33.20/prms/user-dashboard.php

NATIONAL FERTILIZERS LIMITED
(A Government of India Undertaking)

एन एफ एल
NFL

Home Dashboard Manage PRMS Memberships Manage Claims Circular FAQ Contact Us Log out

Welcome [Redacted]

Employee No - [Redacted]

CLICK HERE

MANAGE MEMBERSHIPS **MANAGE CLAIMS** **VIEW / EDIT PROFILE**

About Us | Terms & Conditions | Refund & Cancellation Policy | Contact Us | Membership Flow | Privacy Policy | Memberships Pricing

Type here to search 30°C 3:33:58 PM 02-Mar-23

Click on Request Policy

NFL POST RETIREMENT MEDICAL SCHEME (2023-24)

NATIONAL FERTILIZERS LIMITED
(A Government of India Undertaking)

एन एफ एल
NFL

Home Dashboard Manage PRMS Memberships Manage Claims Circular FAQ Contact Us Log out

Welcome U [REDACTED]

Name: [REDACTED]
Employee No: [REDACTED]

REGISTRATION NO	APPLICATION TYPE	SUM INSURED	PREMIUM	PAYMENT STATUS	PAYMENT METHOD	VALID FROM	VALID TO	REQUEST DATE	STATUS
202228 [REDACTED]	SELF	₹1000000.00	₹625	PAID	PAYTM	2023-APR-01	2023-MAR-31	2022-SEP-12	APPROVE

About Us | Terms & Conditions | Refund & Cancellation Policy | Contact Us | Membership Flow | Privacy Policy | Memberships Pricing

REQUEST POLICY

Personal and profile Information

All mark (*) is required

Personal and Profile Information

Employee No	<input type="text"/>
Name of the Ex-employee	<input type="text"/>
Gender of the Ex-employee	Male
Name of the Spouse	<input type="text"/>
Gender of the Spouse	Female
Date of Birth of Self	27 Feb 1985
Date of Birth of Spouse	26 May 1991
Designation at the time of Cessation of Service	Executive
Name of Unit/Office from where retired	CORPORATE OFFICE NOIDA
Last drawn - Scale Code / Group / Level:	E8
Category (Executive/Non-executive) & AGE GROUP	E6-E9
Date of joining NFL/Other PSU	01 Jan 2005
Date of cessation of service	31 Oct 2021
No. of years of continuous service	16 Years

Personal and profile Information

The screenshot shows a web browser window with the following content:

Last drawn - Scale Code / Group / Level:	E8
Category (Executive/Non-executive) & AGE GROUP	E6-E9
Date of joining NFL/Other PSU	01 Jan 2005
Date of cessation of service	31 Oct 2021
No. of years of continuous service	

Please indicate if application is for single OR Self & spouse *

Please choose an option ▼

Renewal Consent

a) Agree that NFL does not take upon itself any liability arising out of admission/non-admission of any claim or any deficiency in service by TPA/ Insurance Company.

b) Accept that the Management of NFL reserves the right to withdraw the Scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer upon me any right of continued membership or any benefit/compensation on discontinuation of the Policy.

Payment Information

Amount of premium (Rs.)

0

Please review the application data carefully, once submitted you can't make any changes. **

This is to certify that the above information provided by me is correct.

APPLY MEMBERSHIP

Callout box text: Choose option from here:
Self
OR
Self & Spouse

Footer: About Us | Terms & Conditions | Refund & Cancellation Policy | Contact Us | Membership Flow | Privacy Policy | Memberships Pricing

Taskbar: Type here to search, 31°C, 4:12:56 PM 02-Mar-23

Upload Existing/Life Certificate

No. of years of continuous service: 16 Years

Please indicate if application is for single OR Self & spouse *

Self & Spouse

Please Upload Self Life Certificate *

Choose file 00 Form-A fo...embers.pdf

Please Upload Spouse Life Certificate *

Choose file 00 Form-A fo...embers.pdf

Renewal Consent

a) Agree that NFL does not take upon itself any liability arising out of admission/non-admission of any claim or any deficiency in service by TPA/ Insurance Company.

b) Accept that the Management of NFL reserves the right to withdraw the Scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer upon me any right of continued membership or any benefit/compensation on discontinuation of the Policy.

Payment Information

Amount of premium (Rs.)

1500

Please review the application data carefully, once submitted you can't make any changes. **

This is to certify that the above information provided by me is correct.

APPLY MEMBERSHIP

Upload recent Existing/life certificate here

For making payment, click on Pay Now

The screenshot shows a web browser window with the URL `100.110.33.20/prms/view-policy.php?policy=20232498765`. The page title is "NFL POST RETIREMENT MEDICAL". The main content area is titled "Membership Information" and contains a table with the following data:

Membership Information	
Employee No	[REDACTED]
Employee Name	[REDACTED]
Registration No	20232498765
Application is for single OR Self & spouse	SELF & SPOUSE
Sum Insured	₹ 1000000.00
Premium	₹ 1500
Room Entitlement	Single Private
Membership Start Date	01 Apr 2023
Membership End Date	31 Mar 2024

Below the membership information is a "Payment Information" section with a table:

Payment Information	
Amount of premium (Rs.)	₹ 1500

A red button labeled "PAY NOW" is located at the bottom of the page. An arrow points from a callout box containing the text "Click here for making the payment" to the "PAY NOW" button.

Payment Gateway

The screenshot displays a web browser window with a 'paytm PG' payment gateway overlay. The background page is titled 'Membership Information' and contains the following fields:

- Employee No
- Employee Name
- Registration No
- Application is for single OR Self & spouse
- Sum Insured
- Premium
- Room Entitlement
- Membership Start Date
- Membership End Date

The 'Payment Information' section shows:

- Amount of premium (Rs.)

The payment gateway overlay, titled 'National Fertilizers Lim...', shows a payment amount of ₹1,000 and offers the following options:

- Scan QR with Paytm or Any UPI App (with a QR code and subtext: 'Pay using Paytm Postpaid, Paytm Wallet, Saved Cards or UPI')
- Other Payment Options:
 - Prepaid, Debit & Credit Cards
 - UPI
 - Net Banking

The browser's address bar shows the URL: 100.110.33.20/prms/view-policy.php?policy=20232498765. The Windows taskbar at the bottom shows the date and time as 4:14:03 PM on 02-Mar-23.

THANK YOU!!!!

NFL POST RETIREMENT MEDICAL SCHEME

1.0 Title of the Scheme: The Scheme shall be called “NFL POST RETIREMENT MEDICAL SCHEME (NFL PRMS)”.

2.0 Objectives: To extend the medical benefits to the retired employees of NFL and their spouses.

3.0 Applicability of the Scheme:

The Scheme will be applicable to ex-employees-

- a) Who retired/availed VRS after rendering not less than 15 years of continuous service in NFL / other PSUs.
- b) The service rendered in the Government shall not be counted for the purpose of computation of total service in a CPSE(s).
- c) The spouse of ex-employees, who expired while in service, irrespective of the length of service.
- d) Board level appointees retired / retiring from the services of NFL on attaining the age of superannuation / completion of tenure, irrespective of number of years of service, put in NFL.
- e) Ex-employees who have not put in 15 years of service prior to superannuation can become member provided that full premium payable by the Company to Insurance Company shall be borne by them. However, they will not be eligible for reimbursement of OPD expenditure under NFL Scheme.

4.0 Non-Applicability of the Scheme:

The Scheme will not be applicable to ex-employees:-

- a) Who were dismissed / discharged or resigned from the services of NFL irrespective of the length of service.
- b) The ex-employees and their spouse who are availing medical facilities from any other organization after cessation of service from NFL.

5.0 REVIEW OF THE SCHEME:

The company reserves the right to amend or modify the Scheme, in part or full at any time and without assigning any reasons. The retired employee will have no right whatsoever to force the Company to the continuity of the scheme or to enhance/extend any other facility than those provided in this scheme

6.0 Management reserves the right to withdraw the Scheme at any stage, if considered necessary. Membership of the Scheme does not confer any right of continued membership or any benefit/compensation on discontinuation of NFL PRMS.

8.0 BENEFITS :

- a) The family floater, per family unit, consisting of self and spouse only shall be available for a sum insured taking family as one Unit. Ex-employees and their spouse, who fulfill the requisite conditions for membership, should remit contribution as under towards premium for the relevant year and the balance amount will be contributed by the company. Room rent for each category is also given here under :-

GROUP	LEVEL	Insurance Cover (Rs.)	Room Entitlement (Rs.)	Premium to be borne by ex-employees
A	Non-Executives (W0-W12)	5 Lakhs	Semi Pvt/Twin Sharing	500
B	E0 - E5	7.5 Lakhs	Single Pvt.	1000
C	E6 – E9	10 Lakhs	Single Deluxe	1500
D	C&MD / Director	12.50 Lakhs	Actual/Super Deluxe	2000

- b) Contract period of the scheme will be valid for one year.
- c) The Policy will cover hospitalization as indoor patient (IPD) only excluding domiciliary treatment.
- d) The Scheme shall include all pre-existing diseases of ex-employees and their spouses.
- e) A floater of amount of Rs. 1.00 Crore over and above the sum insured. This will be utilized for all categories of employees and expenditure of treatment to be incurred from this floater shall be limited to Rs. 1.00 Lakh per member (this includes self and spouse) on first come first serve basis.

9.0 Mode of payment:

- a) The facility of **on-line payment** will be available to the ex-employees to pay the premium amount through Internet Banking, ATM card, Debit Card to NFL's account of concerned Unit/Office (**Details are given in Annexure**). The transaction charges will be borne by the ex-employees.
- b) Alternatively, ex-employees can also remit the premium amount by multicity **cheque / Demand Draft** in favour of National Fertilizers Limited.

10.0 APPLICATION PROCEDURE

Members have to submit application form duly filled in all respect along with requisite premium.

11.0 Medi-claim cards:

On admittance as a member of NFL PRMS, the Insurance Company will mail the physical cards within one month from the date of issue of policy directly to the member at the address mentioned in the application form submitted. Till the time, members receive the physical membership cards, treatment can be taken by them based on the e-cards uploaded by Insurance Company on the relevant website for convenience of members.

12.0 GENERAL

- a) The company does not take upon itself any liability arising out of admission / non-admission of any claim or any deficiency in service by the insurance company. However needful support, whenever deemed necessary shall be provided by NFL.
- b) The ex-employee shall be entitled for membership of the NFL PRMS only on payment of the requisite contribution, as mentioned above.
- c) Any claim for reimbursement of expenses should be submitted to Insurance Co. within 30 days of discharge from the hospital along with all requisite documents, failing which the same may not be entertained by Insurance Company.
- d) The policy shall cover reimbursement of Hospitalization and also cashless facility. Cash less treatment will be given to ex-employees from the network Hospitals of Insurance Company.
- e) In case ex-employees obtain treatment from non-network hospital during emergency, the claim shall be admitted by the Insurance Co. and payment will be made directly to the ex-employee for which they have to provide their bank account details / cancelled cheque etc. to Insurance Company.

13.0 Misuse of scheme

Stringent action shall be taken against individuals found to be misusing the system / guilty of any fraudulent activity, debarring membership from NFL PRMS, blacklisting hospitals, suitable legal action etc. as deemed fit by NFL Management.

14.0 Interpretation of Scheme

The power to interpret the Scheme, in case of doubt, vests with the Chairman & Managing Director the Company, whose decision shall be final and binding.

SALIENT FEATURES FOR NFL POST RETIREMENT MEDICAL SCHEME

1. The Policy will cover hospitalization as **indoor patient (IPD)** only excluding domiciliary treatment and Maternity. **The policy shall not cover OPD treatment**
2. **The Scheme shall include all pre-existing diseases of ex-employees and their spouses.**
3. Any claim for reimbursement of expenses should be submitted to Insurance Co. within 30 days of discharge from the hospital along with all requisite documents, failing which the same may not be entertained by Insurance Company.
4. Cash less treatment will be given to ex-employees from the network Hospitals. In case ex-employees obtains treatment from non-network hospital during emergency the claim shall be admitted in full. The said claim will be settled in 15 days of submission and payment will be made directly to the ex-employee.
5. **Amount payable for admissible claims:**
In the event of any claim becoming admissible under this policy, the Insurance Company will pay the amount of such expenses as would fall under different heads mentioned below, and are reasonably and necessarily incurred thereof by or on behalf of such insured person.
 - a) Room Boarding expenses as provided by the Hospital / Nursing home.
 - b) Nursing Expenses.
 - c) Surgeon, anaesthetist, Medical Practitioner, consultants, specialist fees.
 - d) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medical, Drugs, Diagnostic Material and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker Artificial Limbs & Cost of Organs and similar expenses .
6. **The pre and post hospitalization reimbursement shall be for 30 and 60 days respectively.**
7. **Membership Card:** The physical cards shall be sent directly by post / courier within one month from the date of issue of policy directly to the member at the address mentioned in the application form submitted.
8. **HOSPITALIZATION PERIOD:** Expenses on Hospitalization will be admissible only if hospitalization is for a minimum period of 24 hours.
 - 8(A) However, this time limit will not apply to following specific treatments taken in the Network Hospital / Nursing Home where the Insured is discharged on the same day. Such treatment will be considered to be taken under Hospitalization Benefit.
 1. Haemo Dialysis
 2. Parenteral Chemotherapy
 3. Radiotherapy
 4. Eye Surgery
 5. Lithotripsy (kidney stone removal)
 6. Tonsillectomy
 7. D&C
 8. Dental surgery following an accident
 9. Hysterectomy
 10. Coronary Angioplasty
 11. Coronary Angiography
 12. Surgery of Gall bladder, Pancreas and bile duct
 13. Surgery of Hernia
 14. Surgery of Hydrocele
 15. Surgery of Prostrate

16. Gastrointestinal Surgery
17. Genital Surgery
18. Surgery of Nose
19. Surgery of throat
20. Surgery of Appendix
21. Surgery of Urinary System
22. Treatment of Fractures / dislocation excluding hair line fracture, contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization
23. Arthroscopic Knee surgery
24. Any surgery under General Anaesthesia
25. Or any such disease / procedure agreed by Insurance Company before treatment

8(B) Further if the treatment / procedure / surgeries of above diseases are carried out, in Networked specialized Day Care Centre which is fully equipped with advanced technology and specialized infrastructure where the insured is discharged on the same day, the requirement of minimum beds will be overlooked provided following conditions are met.

- i) The operation theatre is fully equipped for the surgical operation required in respect of sickness / ailment / injury covered under the policy.
- ii) Day Care nursing staff is fully qualified
- iii) The doctors performing the surgery or procedure as well as post-operative attending doctors are also fully qualified for the specific surgery / procedure.

8(C) The condition of minimum 24 hours hospitalization will also not apply provided -

This treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available only in hospitals

BUT

Due to technological advances hospitalization is required for less than 24 hours

AND/OR

Surgical procedure involved has to be done under General Anaesthesia

9. Exclusions:

- i) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- ii) Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- iii) Surgery for correction of eye sight cost of spectacles, contact lenses, hearing aids etc.
- iv) Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.
- v) Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self – injury / suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- vi) All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic virus Type – III (HTLD – III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- vii) Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- viii) Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.

- ix) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- x) Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, out station consultants / surgeons fees etc.
- xi) Genetical disorders and stem cell implantation / surgery.
- xii) External and or durable medical / non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, infusion pump etc. Ambulatory devices i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stockings etc. of any kind, diabetic foot wear, glucometer/ thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc.
- xiii) All non-medical expenses including personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet chart, baby food, cosmetic, napkins, toiletry items, etc. guest services and similar incidental expenses or service etc.
- xiv) Change of treatment from one pathy to other pathy unless being agreed / allowed an recommended by the consultant under whom the treatment is taken.
- xv) Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc.
- xvi) Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- xvii) Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- xviii) Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- xix) Outpatient diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which result from or is in any way related to sex change.
- xx) Massages, steams bathing, shirodhara and alike treatment under ayurvedic treatment.
- xxi) Any kind of service charges, surcharges, admission fees / registration charges etc. levied by the hospital
- xxii) Doctor's home visit charges, attendant / nursing charges during pre and post hospitalization period.
- xxiii) Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

10. **HOSPITAL / NURSING HOME:** means any institution in India established for indoor care and treatment of sickness and injuries and which either

- a) Is duly licensed and registered as a Hospital or Nursing Home with the appropriate authorities and is under the supervision of a registered and qualified medical Practitioner. OR
- b) In areas where licensing and registration facilities with appropriate authorities are not available, the institution must be one recognized in locality as Hospital / Nursing Home and should comply with minimum criteria as under:
 - i) It should have at least 15 in - patient medical beds in case of Metro cities, A Class cities & B class cities or 10 in-patient medical beds in case of C class cities. Classification of cities shall be as per Govt. of India Notification issued in this respect from time to time.
 - ii) Fully equipped and engaged in providing Medical and Surgical facilities along with Diagnostic facilities i.e. Pathological test and X-ray, ECG etc. for the care and treatment of injured or sick persons as in - patient.
 - iii) Fully equipped operation theatre of it's own, wherever surgical operations are carried out.
 - iv) Fully qualified nursing staff under its employment round the clock.
 - v) Fully qualified Doctor (s) should be physical in-charge round the clock.
