

ANDHRA PRADESH STATE CIVIL SUPPLIES CORPORATION LIMITED
Regd.Office:6-3-655/1/A, C.S.Bhavan, Somajiguda, Hyderabad-500 082

SRI RAJEEV SHARMA, P.G.D.B.A.
GENERAL MANAGER (A&V).

CIRCULAR No.A&V -117

No.P.Admn.A1/1493/2013

Dated:29.06.2013.

Sub: APSCSCL – Admn.&Vig. – Reimbursement of medical expenses to employees of the Corporation – Tie-up with insurance companies for reimbursement of medical claims – Certain information called for –Reg.

Ref: Representation Dt.20.05.2013, from President, APSCSCL Employee Sangham.

~~~~~!!!~~~~~

For the past few years, it had been noticed that the reimbursement of medical expenses has become cumbersome for the Corporation due to large number of claims and it is not possible to expedite the process of the employee's medical claims. It has, therefore been decided to explore the possibility of Tie-up with Insurance companies to provide medical coverage to all employees of the Corporation. In order to work out the financial component, certain information pertaining to the employees and their dependants is required. Accordingly, a format is enclosed herewith in Annexure - I which needs to be filled in solely by employees of the Corporation. A Declaration to be furnished by the employees in this regard is also enclosed in Annexure – II.

Hence, all employees of the Corporation- Officers/Staff/Office Subordinates are requested to furnish the required information.

All the Managers and E.E. at Head Office/Zonal Managers/District Managers are requested to issue suitable instructions to the Officers/Staff working under their control and acquire the required information from all the employees of the Corporation in full shape and send two copies to A&V Section, Head Office by 15.07.2013 without fail. One copy of the Annexure may be retained at the District/Zonal Office for record.

Encl : Annexure I & II

To  
All Managers & E.E. in Head Office,  
All the Zonal Managers, APSCSCL,  
All the District Managers, APSCSCL,

Copy to: All Functional Managers in Head Office – for necessary action and with a request to obtain the information from the Officers & Staff working under their control and send to A&V Section by 15.07.2013,

Copy to: Stock File.

  
GENERAL MANAGER (A&V)  
P. K. Hanu  
29/6/13



**Annexure -II**

**DECLARATION**

I hereby declare that the above facts are true to the best of my knowledge and that all persons declared as dependants have no other source of income and are totally dependent on me.

**Countersigned by**

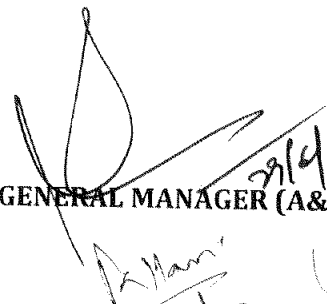
Mgr/E.E./DM/ZM

Signature :

Name :

Designation :

Place :

  
GENERAL MANAGER (A&V) 29/6/13  
A. Mani 29/6/13 (45)