## COAL INDIA LIMITED RETIRED EXECUTIVES WELFARE ASSOCIATION

(Registered under W.B. Societies Registration Act, 1961 vide no.: 60903 of 2016-2017 Dated 16.09.2016 Ekta Niketan, Flat 1A, 23 Bondel Road, Kolkata - 700019

(email: cil.rewa2017@gmail.com)

Letter No:

29.09.2018

To The Chairman, Coal India Limited, New Town, Kolkata-700156.

> Sub: Meeting with the representatives of Coal India Limited Retired Executives Welfare Association (CILREWA) on 29.09.2018.

Dear Sir.

This was an immense pleasure in meeting you today for discussing some issues related to the retired executives of Coal India Limited and also convey our sincere thanks for giving a patient hearing to the issues, details of which are enclosed as Annexure-I.

I hope that the issues will be taken care of as discussed in during the Meeting and an appropriate direction will be sent down the line for an early resolution on the various issues discussed.

With kind regards,

(NCJHA)

President, CILREWA

Former CMD, CIL

Encl: Annexure-I.

Copy to : Director(P&IR), CIL.

#### **ISSUES OF CONCERN OF RETIRED EXECUTIVES**

#### 1) CIL Executive Defined Contribution Pension Scheme-2007:

As per DPE guidelines issued vide letter no. 21/25/2008-ASO dated 30th April, 2009 and NO. 49015/1/2008-priw-II DATED 1st May, 2009 for implementation of Pay Revision of Board Level and below Board Level Executives, with effect from 01.01.2007, the Executives of CPSEs are eligible for up to 30% of Basic Pay and DA as Superannuation Benefits. This includes Other Superannuation Benefit of 9.84% meant for the pension of retired executives. This component of the Superannuation Benefit is yet to be paid to the retired executives. Unfortunately, a number of executives of CIL have died during this period without getting any benefit of this Scheme.

The Scheme has been approved by the Government in May 2018. However, it has various issues yet to be resolved before the same is implemented. CILREWA requests for the following urgent actions:-

- i) Advise the concerned Department to upload the compensation interest against individual Executive as per the decision of CIL Board in its 337th Meeting, at the earliest.
- ii) Decision for opting 'Superannuation Scheme in place of New Pension Scheme (NPS) was taken by CIL Management suo-moto without considering the implication of Taxation aspect. Hence, the taxation burden on Executives need to be taken care of by CIL, by forming a Trust seeking exemption from Income Tax Benefit or so. In any case Executives, especially retired Executives should not be penalised by deducting TDS, for no fault on their part.
- iii) Other CPSEs, which is named in aforementioned Board Note, are managing their fund on their own. CIL should also manage the fund through a Trust, as it does for its own cash reserves.
- iv) CIL Management should make a proactive bargain with LIC to provide the best Annuity Rates as compared to other Annuity service provider, which should be 'tailor-made' for CIL Executives considering the volume of corpus and business, to be passed on to them.

### 2) MEDICAL FACILITIES

### a) Enhancement of domiciliary expenses to Rs.35,000/-:

Presently as per clauses 3.2.2 of the Notification dated 28.12.2012 on CPRMSE by Coal India Ltd., an amount of Rs.15,000/- is being paid to the retired executives per year for domiciliary treatment. In the event of death of an

executive/spouse, the amount is reduced to Rs.7,500/- per year for single membership. Due to increase in cost of treatment (including price of medicine), the retired Executives and /or their spouses are facing lot of difficulties. To mitigate the hardship, it is requested that the ceiling may be enhanced to Rs.35,000/-per year.

## b) Enhancement of ceiling of hospitalisation expenses:

As per clause 3.2.1 (c) the maximum amount reimbursable during the span of entire life of the retired executives and spouse, taken together, is Rs.25 lakhs. However in case of single membership, the limit is Rs.12.50 lakhs.

With the increasing cost of hospitalization expenses and the cost of indoor treatment, the amount does not appear to be sufficient for the post retirement period. Considering the present hospitalisation expenses of standard hospitals, it is requested to enhance the limit from Rs.25 lakhs to Rs.50 lakhs for both (Retired Executives and spouse) and from Rs.12.50 lakhs to Rs.25 lakhs for single membership.

It is felt that the requested enhanced limits are sustainable considering the contribution of 4% of salary (basic+DA), as being contributed from 01.01.2007 towards CPRMSE fund.

#### c) Delay in settlement of Medical Bills:

Medical bills, submitted on quarterly basis, for reimbursement of expenses are being settled after nearly 5-6 months. Concerned Departments may please be strengthened for quick settlement of Medical bills.

## d) Representation of Retired Executives in CPRMSE Trust:

Management may consider suitable representation of retired executives (say 2 retired executives) in CPRMSE Trust.

# e) Reimbursement of expenditure at CGHS rate for treatment in other than empaneled Hospital:

In number of occasions, due to urgency or emergency, it is not practical to take the patient to the empaneled Hospital and he/she is taken to the nearby nonempaneled Hospital for treatment.

It is requested that in such cases, the expenditure so incurred may be reimbursed limited to CGHS rate. Also, there are a number of cities/small towns, where no Hospital is empaneled. This facility may be extended to such cities/towns also.

# f) Issuance of Medical Smart Card and cashless treatment in empanelled Hospitals:

At present CIL and its Subsidiaries are issuing a Medical Card in a A-4 Size paper, which is difficult to handle and preserve. Moreover, at the time of hospitalization /treatment, a copy of the Medical Card needs to be deposited with the hospital. A "Smart Card" with microchip (like Bank Debit/Credit Card) containing details of retired Executives be issued so that by swapping the card every relevant detail is available with the hospital authority for information and bill may be settled between the concerned hospital and Coal India Ltd. / Subsidiary Companies.

# f) Inclusion of retired executive who had resigned after serving the Coal Industry for more than 20 years in the CPRMSE scheme:

In the existing CPRMSE scheme, an executive who had resigned from the Service is not entitled for medical benefit under this scheme, although he is entitled for pension. It is requested that Persons resigned from Service after serving the Coal India Ltd./Subsidiary Companies, for more than 20 years may be included in the CPRMSE scheme with the deposit of the required amount as per Scheme, provided those persons do not draw any medical benefit from any other organization after separation from Coal India Ltd..

#### g) Inclusion of Psychiatric treatment:

As per clause 6.3 (i), the cost of Psychiatric treatment is outside the purview of the CPRMSE. As per the Mental Health Act. 2017, which is passed on 07.04.2017, every person with mental illness shall be treated as equal to persons with physical illness under the provisions of all health care provisions. In view of the above, it is requested to amend the existing clause and allow the Psychiatric treatment cost as admissible.

### h) Establishment of Medical Dispensary Unit in Kolkata:

A good number of both existing and retired Executives and other employees of Coal India Limited and its Subsidiary Companies are settled in and around Kolkata. It is difficult for them to always visit multi-facility empaneled Hospitals for minor illness, which can be taken care of by visiting outdoor with some diagnostic investigation.

In view of the same, we request that one Dispensary Unit along with minimum diagnostic facility can be established in one / two centrally located place in Kolkata, which will facilitate on-roll as well as retired employees of Coal India Ltd and Subsidiary Companies. Retired Doctors can also be engaged for this purpose.

#### h) Empanelment of Hospitals:

As suggested by CIL Management vide circular No.CIL/C-5B/Med/2017-18/018/481(A) dated 23.06.2017 we request CIL Management for Empanelment of EEDF ( Aurobindo Seva Kendra, Jodhpur Park, Kolkata), Apollo Hospitals at Chennai, Hyderabad & Delhi and Neotia Group Hospital at Siliguri/New Jalpaiguri.

#### i) Uniformity in dealing post retirement medical claims:

It is seen that Subsidiaries of CIL are dealing the post retirement medical benefit Scheme differently. It is requested that the Scheme should be dealt centrally by CIL by constructing a separate body to bring uniformity in dealing with settlement of post retirement medical claims.

#### 3) OTHER FACILITIES/ISSUES

#### a) Help Desk:

CIL Management may provide help desk at CIL HQ. and all Subsidiary Companies Head Quarters engaging a designated officer with mobile No./contact No. to extend all types of help and redress the complaints of the retired executives.

### b) Ambulance facility:

Extension of ambulance facility for the officers in a locality/sector where more than 30 officers are residing. The facility may be available all over India. The Metro cities are to be divided into 8-10 sectors and ambulance facility is to be extended from any suitable point of each sector.

#### c) Annual Meet:

Annual meet may be organized by CIL Management on a particular day at CIL HQ and HQ of Subsidiary Companies where Director (P&IR) / Director (P), as the case may be should be present and grievances of each individual executive, if any, need be recorded for timely redressal.

### d) Coal Mines Pension Scheme '98:

Sustainability of the fund of CMPS '98 is of concern of the retired executives. Correct evaluation of financial status of CMPS Fund is need of the hour. There is a need to appoint an Actuary to analyze the data of CMPF pensioners and on

roll employees, which will help in finding out a strategy for making the pension fund sustainable.

Provision regarding upward revision of the pension amount may be considered and the issue may be taken up with concerned Authorities.

The Association is eager to extend any service in this regard and will be happy to be associated in the process of analysis and way forward if desired.

#### e) Guest House Facility:

It is requested to allow the retired executives for availing the guest houses at Kolkata, Delhi, Mumbai, Nagpur, Ranchi and other places to facilitate medical treatment.