

ਦਫਤਰ ਡਾਇਰੈਕਟਰ ਸਿੱਖਿਆ ਵਿਭਾਗ(ਸੈ.ਸਿ),ਪੰਜਾਬ ਚੰਡੀਗੜ੍ਹ।  
(ਕੋਆਰਡੀਨੇਸ਼ਨ ਸਾਖਾ)

ਸੇਵਾ ਵਿਖੇ,

1. ਸਮੂਹ ਮੰਡਲ ਸਿੱਖਿਆ ਅਫਸਰ, ਪੰਜਾਬ
2. ਸਮੂਹ ਜਿਲ੍ਹਾ ਸਿੱਖਿਆ ਅਫਸਰ (ਸੈਸਿ/ਐ.ਸਿ), ਪੰਜਾਬ
3. ਸਮੂਹ ਸਕੂਲ ਪ੍ਰਿੰਸੀਪਲ/ਮੁੱਖੀ ਵੈਬਸਾਈਟ ਰਾਹੀਂ

ਮੀਮੋ ਨੰ: 15/86-2015 ਕੋ.ਸੈਲ (1)/480

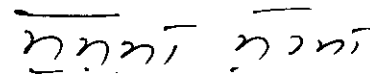
ਮਿਤੀ: 20-11-2015

ਵਿਸ਼ਾ:- ਸਰਕਾਰੀ ਕਰਮਚਾਰੀਆਂ ਅਤੇ ਪੈਨਸ਼ਨਰਾਂ ਲਈ ਕੈਬਲੈਸ ਹੈਲਥ ਇੰਸੂਰੈਂਸ ਸਕੀਮ ਲਾਗੂ ਕਰਨ ਸਬੰਧੀ।

ਹਵਾਲਾ:- ਮੈਨੇਜਿੰਗ ਡਾਇਰੈਕਟਰ, ਪੰਜਾਬ ਹੈਲਥ ਸਿਸਟਮਜ਼ ਕਾਰਪੋਰੇਸ਼ਨ ਦਾ DO No. 483 ਮਿਤੀ: 13-11-2015 ਅਤੇ ਪੰਜਾਬ ਸਰਕਾਰ, ਹੈਲਥ ਐਂਡ ਫੈਮਿਲੀ ਵੈਲਫੇਅਰ ਵਿਭਾਗ ਦੀ ਨੋਟੀਫਿਕੇਸ਼ਨ ਨੰ: 21/28/12-5 ਐਚ.ਬੀ 5/268 ਮਿਤੀ: 20-10-2015.

1. ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਤੇ ਹਵਾਲਾ ਅਧੀਨ ਪੱਤਰਾਂ ਦੀ ਕਾਪੀ ਨਾਲ ਨੱਥੀ ਕਰਕੇ ਆਪ ਜੀ ਨੂੰ ਭੇਜੀ ਜਾਂਦੀ ਹੈ।
2. Punjab Government Employee's & Pensioner's Health Insurance Scheme ਅਤੇ ਇਸ ਸਕੀਮ ਅਧੀਨ ਭਰੇ ਜਾਣ ਵਾਲੇ ਫਾਰਮ ਸਿਹਤ ਵਿਭਾਗ ਦੀ ਵੈਬਸਾਈਟ [www.pbhealth.gov.in](http://www.pbhealth.gov.in) ਤੇ ਉਪਲਬਧ ਹਨ।
3. ਆਪ ਸਭ ਨੂੰ ਲਿਖਿਆ ਜਾਂਦਾ ਹੈ ਕਿ ਆਪਣੇ ਅਧੀਨ ਆਉਂਦੇ ਵਿਭਾਗ ਦੇ ਮੁਲਾਜ਼ਮਾਂ ਅਤੇ ਪੈਨਸ਼ਨਰਾਂ ਨੂੰ ਇਸ ਸਕੀਮ ਤਹਿਤ ਪੰਜੀਕ੍ਰਿਤ ਕਰਨ ਲਈ ਕਾਰਵਾਈ ਵੇਲੇ ਸਿਰ ਕਰਨਾ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ।

ਨੱਥੀ: ਉਕਤ ਅਨੁਸਾਰ



ਇੰਚਾਰਜ ਕੋਆਰਡੀਨੇਸ਼ਨ ਸੈਲ

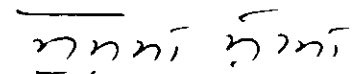
ਦ. ਡਾਇਰੈਕਟਰ ਸਿੱਖਿਆ ਵਿਭਾਗ (ਸੈ.ਸਿ), ਪੰਜਾਬ



ਪਿੱਠ ਅੰਕਣ ਨੰ: ਉਕਤ

ਮਿਤੀ: 20-11-2015

ਉਤਾਰਾ ਰਜਿਸਟਰਾਰ ਸਿੱਖਿਆ, ਦਫਤਰ ਡੀ.ਪੀ.ਆਈ (ਸੈਸਿ), ਪੰਜਾਬ ਨੂੰ ਯੋਗ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ।



ਇੰਚਾਰਜ ਕੋਆਰਡੀਨੇਸ਼ਨ ਸੈਲ

ਦ. ਡਾਇਰੈਕਟਰ ਸਿੱਖਿਆ ਵਿਭਾਗ (ਸੈ.ਸਿ), ਪੰਜਾਬ





[Extract from the Punjab Govt. Gaz. (Extra), dated the 20th October, 2015]

**GOVERNMENT OF PUNJAB**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**(HEALTH - V BRANCH)**  
**NOTIFICATION**

The 20th October, 2015

**No. 21/28/12-5HB5/268.**-The Governor of Punjab is pleased to introduce a Cashless Health Insurance Scheme hereinafter referred as Punjab Government Employees and Pensioners Health Insurance Scheme (PGEPHIS) to cover indoor medical treatment expenses, specified daycare procedures and treatment of chronic diseases as specified or to be specified by State Government. The scheme will be applicable to all the Government serving employees (whether covered under old or new pension scheme) and pensioners on compulsory basis. However, the scheme will be optional for All India Service Officers, Serving & Ex-MLAs, Serving & Ex-Judicial officers including Judges of Punjab & Haryana High Court. The premium of the main member as well as dependent(s) (as defined in the State Services (Medical Attendant Rules) [CS(MA)] Rules, 1940) will be paid by the State Government.

2. In case husband and wife both are in Punjab Government job or one of them is retiree from Punjab Government, either one of them is eligible for the scheme. However, in case any employee/pensioner is taking medical reimbursement (as a dependent of spouse) from other source he/she will not be eligible under this scheme.

3. The PGEPHIS will cover all the entitlements as specified under the State Services (Medical Attendant Rules) [CS(MA)] Rules, 1940. The scheme will ensure cashless all Indoor medical treatment, Pre & Post hospitalization, specified as defined, Day Care procedures, (requiring less than 24 hours hospitalization) and QPD medical expenses relating to chronic diseases up to a sum of Rs. 3.00 lacs per family per year on floater basis. Medicines for chronic diseases will also be made available on cashless basis from designated stores and hospitals in every district and block. All pre existing diseases will be covered.

4. The treatment can be taken by any enrolled beneficiaries in Government or in empanelled Hospitals in Punjab, Chandigarh and NCR Area (Gurgaon, Noida and Delhi). Further details of the scheme can be seen on website [www.pbhealth.gov.in](http://www.pbhealth.gov.in). No reimbursement will be available to employee/pensioner in the Punjab, Chandigarh and Panchkula, where cashless treatment is available. However, reimbursement can be taken by employee/pensioner for medical treatment taken in any other State in India in exceptional circumstances, in such circumstances, the insurance company will reimburse the bill of the employee up to Rs. 3.00 lacs as per the package rates defined under the scheme.

5. Since this cashless medical treatment is made available to employee/pensioner through Insurance Company there are certain treatments which are not covered under Health Insurance as per the Insurance Regulatory and Development Authority of India (IRDA). Details of such exclusions are available in the scheme uploaded on the website of Health Department of Punjab i.e. [www.punjabhealth.gov.in](http://www.punjabhealth.gov.in). The reimbursement of such exclusions will be made available to employees/pensioners as per existing policy and State Services (Medical Attendant Rules) [CS(MA)] Rules, 1940 as amended from time to time through Treasury route.

6. Any treatment taken abroad will not be covered under this scheme. Any public servant/pensioner will have to take overseas insurance cover before going abroad. Premium of such insurance cover will be borne by employee/pensioner. In case, any public servant is going on Government tour, premium of such overseas insurance will be borne by the State Government.

7. The State Government through tendering process has selected Oriental Insurance Company Chandigarh. The Insurance Company will make the buffer of Rs. 25.00 crores for meeting out expenses over and above Rs. 3.00 lacs and Cashless Insurance to any employee/pensioner will be available beyond Rs. 3.00 lacs subject to the availability of the buffer. On the exhaustion of the buffer, the Cashless reimbursement more than Rs. 3.00 lacs will not be available to any employee/pensioner. In such circumstances, the Insurance Company will inform

the employee/pensioner that further treatment shall not be on cashless but reimbursement basis as per the existing pattern at PGI/AIIMS rates. The concerned DDO will seek the reimbursement from concerned Civil Surgeon/Directorate of Health & Family Welfare who will examine the bill as per the entitlement of the claimant as per State Services (Medical Attendant Rules) [CS(MA)] Rules, 1940. If that particular bill(s) as per the entitlement(s) is less than Rs. 3.00 lacs then no amount will be reimbursed to the employee and if the bill(s) is more than Rs. 3.00 lacs then additional amount will be reimbursed to the employee through Treasury Route.

8. Enrollment under this scheme will start from immediate effect and will be completed by 31.12.2015 and the benefits under this scheme will start from 1.1.2016 and will be available up to 31.12.2016 initially. Every employee/pensioner will ensure his/her enrollment along with dependents before 15.12.2015 enabling the Insurance Company to deliver the enrolled insurance cards up to 31.12.2015. No fresh enrollment of the Serving Employees and Pensioners shall be allowed after the date of expiry of Enrollment Period except for any exceptional circumstances or in case of any employee who has joined the service after the enrollment period, under such circumstances, coverage as well as payment of premium of such employees/pensioners shall be allowed on pro-rata basis.

9. The enrollment forms for the employees/pensioners and option form for the category mentioned in Para-3 of the Notification will be available after 15.10.2015 on website [www.pbhealth.gov.in](http://www.pbhealth.gov.in) along with the procedure to fill such forms. A copy of the forms will be made available to all the DDOs. The forms can be filled online as well as offline but have to be submitted in hardcopy through DDO to Insurance Company. The Insurance Company will collect the filled forms from DDO and handover the Insurance Cards of the main member and dependent(s) to the DDO for onward delivery to the employee/pensioner. Every employee/pensioner will be notified regarding enrollment with Unique Insurance ID Numbers. In case of misplacement of the card/non availability of the card, this Unique Insurance ID can be used for taking treatment in the designated hospitals.

10. The employees and pensioners on whom the scheme will be applicable and those who have opted for PGEPHIS, will be entitled for fixed medical allowance as per the existing pattern to cover their routine OPD expenditure.

11. Any employee/pensioner can take any information / clarification regarding enrollment, benefits available under the scheme, exclusions, list of enrolled private as well as government hospitals, process to be followed for lodging claim with Insurance Company or with State Government by dialing toll free medical helpline number "104". Any complaint regarding enrollment, treatment, reimbursement, Insurance Company and Hospitals can be lodged also on toll free helpline number "104". The complaint will be redressed in a time bound manner.

12. The Punjab Health Systems Corporation will operate this Scheme. This will involve enrolments and other operational issues like; drawl of requisite funds, release of payment to the insurance company on the basis of the enrollments and monitoring this scheme.

13. A similar scheme can be adopted by the Boards, Corporations and Public Sector Undertakings of Punjab Government for its Employees & Pensioners in consultation with the State Government in Finance Department.

14. This is issued in accordance with the approval granted by the Cabinet in its meeting held on 17.9.2015 conveyed to the Health Department by the General Administration Cabinet Affairs Branch vide ID 1/180/2015-1 Cabinet/529618/1, dated 18.9.2015.

Sd/-

**HUSSAN LAL, IAS**

Secretary Health & Family Welfare  
Punjab, Chandigarh.

The 20th October, 2015



# PGEPHIS - MAIN MEMBER ENROLLMENT FORM



If you need help, or unable to complete this application form or unable to find DDO code  
please contact on toll free No. "104" or read instructions on website www.pbhealth.gov.in

**Instructions** (1) Please fill the Form in Capital letters using Blue/Black Ball Point Pen Only. (2) All Fields are to be filled mandatorily.

### Main Member Details (Please tick applicable field)

Current Status:

- (a) Serving Employee     (b) Pensioner     (c) Serving All India Service Officer   
 (d) Retired All India Service Officer   
 (e) Serving Judges of Punjab & Haryana High Court/Other Judicial Officers   
 (f) Retired Judges of Punjab & Haryana High Court/Other Judicial Officers

Please paste your unsigned recent color Photograph of size 4.5cm x 3.5 cm (Passport size)

\*Please don't staple the Photograph

1) Name (In CAPITAL letters) (Initial not allowed)

2) Father/Husband Name (In CAPITAL letters) (Initial not allowed)

3) Date of Birth/ Age  /  (years)

4) Gender: Male  Female     5) Marital Status  Married  Unmarried  Widow  Divorce

6) Mobile Number

7) Aadhar Number

8) Email Id

9) Spouse Name (In CAPITAL letters) (Initial not allowed)

10) Whether spouse in Govt. Job: Yes  No

11) Mailing Address

### Department/Office Details (Please tick applicable field)

1) GPF  PRAN  PPO  No.

2) Name of Department (Where serving or from where retired)

3) Particulars of the Office where serving or retired

4) Place of Posting/Last place of posting from where retired

5) District

6 A) Grade Pay (Please tick <input 25%;"="" checked="" type="checkbox/&gt;)&lt;/td&gt; &lt;td style=" width:=""/> Group A <input type="checkbox"/> (GP>=5400)	Group B <input type="checkbox"/>	Group C <input type="checkbox"/>	Group D <input type="checkbox"/>	
6 B) In case of Pensioner (retiree before 01.01.1996)	Class I <input type="checkbox"/>	Class II <input type="checkbox"/>	Class III <input type="checkbox"/>	Class IV <input type="checkbox"/>

7) Date of Joining

8) Date of Retirement

**Main Member Bank Account Details**

**1) Bank Name**  
(In CAPITAL letters)

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**2) Branch Address**  
(In CAPITAL letters)

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**3) IFSC Code**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**4) Account Number**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Total Numbers of Dependents**

AGE SLAB

below 45 yrs (<45 yrs)

45 to 65 yrs (>=45 yrs to <=65 yrs)

above 65 yrs (>65 yrs)

No.

No.

No.

**Total Number of Dependents**

**\*\* Please attach PGEPHIS Dependent Form giving details of the dependents eligible to be covered as per Punjab Medical Attendant Rules.**

**Undertaking/Declaration of Main Member**

I hereby certify that :

1. I am not availing medical re-imbursement from any other source as a dependent.
2. My spouse or any of my dependent family members declared by me in this Enrollment Form are not separately enrolled as a Main Member/ or dependents of any other Main Member under this Scheme or are not claiming medical re-imbursement from any other source.
3. The information supplied by me in this Enrollment Form is factually correct, true, complete and accurate in all respects and no facts/ information have been concealed/ falsified/ misrepresented by me.
4. I also authorize Insurance Company/ TPA to send me SMS Alerts on my Enrollment Status / Pre- authorization Status/ Claims status/ Scheme related information on my mobile phone number listed by me in this Form.
5. "I have no objection to the UIDAI sharing information provided by me to UIDAI in Aadhaar with agencies in delivery of welfare services."

Date : \_\_\_\_\_

Signature \_\_\_\_\_

**Mobile No.**

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*(please repeat mobile Number)*

**VERIFICATION OF DDO (on the basis of the certification of the main member above.)**

Name of the DDO: \_\_\_\_\_

Designation: \_\_\_\_\_

DDO Code:

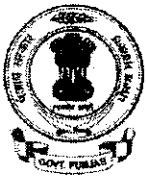
Name of Department: \_\_\_\_\_

Other: \_\_\_\_\_

*(Please specify if DDO Code is not available)*

Date: \_\_\_\_\_

**(Signature with Seal)**



# PGEPHIS - DEPENDENT FORM



If you need help, or unable to complete this application form or unable to find DDO code please contact on toll free No."104" or read instructions on website www.pbhealth.gov.in

Sheet No.....

**Instructions** (1) Please fill the Form in Capital letters using *Blue/Black Ball Point Pen Only*. (2) All Fields are to be filled mandatorily.

### Main Member Details (Please tick applicable field)

1) Name (In CAPITAL letters)   
(Initial not allowed)

2) Mobile No.       
*(please repeat mobile number)*

3) GPF  PRAN  PPO  No.

Sr. No.	Dependent Details (Please tick <input checked="" type="checkbox"/> applicable field)	Photograph
1	Name of Dependent <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relation <input type="text"/> DOB/Age <input type="text"/> / <input type="text"/> Age Slab <input type="text"/> <i>(years)</i> below 45yrs   45 to 65 yrs   above 65yrs	Paste Stamp Size Photo here
2	Name of Dependent <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relation <input type="text"/> DOB/Age <input type="text"/> / <input type="text"/> Age Slab <input type="text"/> <i>(years)</i> below 45yrs   45 to 65 yrs   above 65yrs	Paste Stamp Size Photo here
3	Name of Dependent <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relation <input type="text"/> DOB/Age <input type="text"/> / <input type="text"/> Age Slab <input type="text"/> <i>(years)</i> below 45yrs   45 to 65 yrs   above 65yrs	Paste Stamp Size Photo here
4	Name of Dependent <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relation <input type="text"/> DOB/Age <input type="text"/> / <input type="text"/> Age Slab <input type="text"/> <i>(years)</i> below 45yrs   45 to 65 yrs   above 65yrs	Paste Stamp Size Photo here

I hereby certify that information provided above is true.

Date: \_\_\_\_\_

(Signature of Main Member)

### VERIFICATION OF DDO (on the basis of the certification of the main member above.)

Name of the DDO: \_\_\_\_\_

Designation: \_\_\_\_\_

DDO Code:

Name of Department: \_\_\_\_\_

Other: \_\_\_\_\_  
*(Please specify if DDO Code is not available)*

Date: \_\_\_\_\_

(Signature with Seal)

Note: In case the more dependents, please attach additional sheet.

ਦਫਤਰ ਡਾਇਰੈਕਟਰ ਸਿੱਖਿਆ ਵਿਭਾਗ (ਸੈਸਿ) ਪੰਜਾਬ, ਐਸ.ਏ.ਐਸ.ਨਗਰ  
(ਸੇਵਾਵਾਂ-1 ਸਾਖਾ)

ਹੁਕਮ ਨੰ: 14/230-2015 ਸੇ1(6)  
ਮਿਤੀ, ਐਸ.ਏ.ਐਸ.ਨਗਰ : 20.11.2015

ਪੰਜਾਬ ਸਰਕਾਰ ਹੈਲਥ ਅਤੇ ਫੈਮਿਲੀ ਵੈਲਫੇਅਰ ਵਲੋਂ ਹੁਕਮ ਨੰ: 21/28/12-5HB5/268 ਮਿਤੀ 20.10.2015 ਰਾਹੀਂ ਰਾਜ ਵਿੱਚ ਕੰਮ ਕਰਦੇ ਅਤੇ ਰਿਟਾਇਰ ਹੋ ਚੁੱਕੇ ਕਰਮਚਾਰੀਆਂ ਲਈ ਕੈਸ਼ਲੈਸ ਹੈਲਥ ਇੰਨਸੂਰੈਂਸ ਸਕੀਮ ਮਿਤੀ 01.01.2016 ਤੋਂ ਲਾਗੂ ਕੀਤੀ ਗਈ ਹੈ। ਇਸ ਸਕੀਮ ਤਹਿਤ ਚੰਡੀਗੜ੍ਹ ਪ੍ਰਸ਼ਾਸਨ ਅਧੀਨ ਡੈਪੂਟੇਸ਼ਨ ਕੰਮ ਕਰਦੇ ਅਤੇ ਰਿਟਾਇਰਡ ਹੋ ਚੁੱਕੇ ਅਤੇ ਜਿਲ੍ਹਾ ਖਜਾਨਾ ਅਫਸਰ, ਪੰਜਾਬ, ਚੰਡੀਗੜ੍ਹ ਰਾਹੀਂ ਪੈਨਸਨ ਡਰਾਅ ਕਰ ਰਹੇ ਸਮੂਹ ਕਾਡਰ ਦੇ ਅਧਿਕਾਰੀਆਂ/ਕਰਮਚਾਰੀਆਂ ਦੇ ਲੋੜੀਂਦੇ ਫਾਰਮ ਦਫਤਰ ਜਿਲ੍ਹਾ ਸਿੱਖਿਆ ਅਫਸਰ (ਸੈਸਿ) ਐਸ.ਏ.ਐਸ.ਨਗਰ ਵਿਖੇ ਅਗਲੇਰੀ ਕਾਰਵਾਈ ਲਈ ਜਮ੍ਹਾਂ ਹੋਣਗੇ।

ਇਸ ਸਕੀਮ ਦੀ ਕਾਪੀ ਅਤੇ ਲੋੜੀਂਦੇ ਫਾਰਮ ਪੰਜਾਬ ਸਰਕਾਰ ਹੈਲਥ ਅਤੇ ਫੈਮਿਲੀ ਵੈਲਫੇਅਰ ਦੀ ਵੈਬਸਾਈਟ [www.punjabhealth.gov.in](http://www.punjabhealth.gov.in) ਤੇ ਉਪਲੱਬਧ ਹਨ।

ਬਲਬੀਰ ਸਿੰਘ

ਡਾਇਰੈਕਟਰ ਸਿੱਖਿਆ ਵਿਭਾਗ (ਸੈ:ਸਿ:), ਪੰਜਾਬ।

ਪਿੱਠ ਅੰਕਣ ਨੰ: ਉਕਤ ਮਿਤੀ : 20/11/15  
ਉਤਾਰਾ ਹੇਠ ਲਿਖਿਆਂ ਨੂੰ ਸੂਚਨਾ ਤੇ ਯੋਗ ਕਾਰਵਾਈ ਹਿੱਤ ਭੇਜਿਆ ਜਾਂਦਾ ਹੈ:-

1. ਪੀ.ਏ.ਟੂ ਡੀ.ਪੀ.ਆਈ. (ਸੈਸਿ) ਪੰਜਾਬ।
2. ਜਿਲ੍ਹਾ ਸਿੱਖਿਆ ਅਫਸਰ (ਸੈਸਿ) ਐਸ.ਏ.ਐਸ.ਨਗਰ (ਮੋਹਾਲੀ) ਨੂੰ ਭੇਜ ਕੇ ਲਿਖਿਆ ਜਾਂਦਾ ਹੈ ਕਿ ਇਸ ਸਕੀਮ ਅਧੀਨ ਲੋੜੀਂਦੇ ਫਾਰਮ ਉਪਰੋਕਤ ਹੁਕਮ ਅਨੁਸਾਰ ਪ੍ਰਾਪਤ ਕੀਤੇ ਜਾਣ ਅਤੇ ਮਿਥੇ ਸਮੇਂ ਦੇ ਅੰਦਰ ਅੰਦਰ ਕਾਰਵਾਈ ਕਰਨੀ ਯਕੀਨੀ ਬਣਾਈ ਜਾਵੇ।
3. ਸੁਪਰਡੈਂਟ ਅਮਲਾ-1/ਅਮਲਾ-2/ਅਮਲਾ-3/ਅਮਲਾ-4/ਅਮਲਾ-5/ਸੁਪਰਡੈਂਟ ਬਜਟ।
4. ✓ ਸੁਪਰਡੈਂਟ ਕੋਆਰਡੀਨੇਸ਼ਨ (ਨੈੱਟ ਤੇ ਪਾਉਣ ਲਈ)।

20/11/15  
ਰਜਿਸਟਰਾਰ ਸਿੱਖਿਆ ਵਿਭਾਗ