FOREWORD

I am pleased to know that HelpAge India is publishing a revised edition of the Senior Citizens’ Guide. This Guide provides comprehensive information on various topics that the senior citizens would require. By providing information on the legislative provisions, schemes and programmes of the Government as well as private sector concerning the senior citizens, this Guide is going to be a very useful tool for senior citizens to avail the benefit of all the welfare measures meant for them. Publications like this Guide will facilitate the process of wider dissemination of useful information. It will go a long way in ensuring choices and the opportunities in the lives of older persons to lead an active, creative, productive and satisfying life.

The future that we envisage for older persons in India is not only limited to provision of some services but guaranteed rights for ensuring life with dignity and self respect and opportunities for self fulfilment. As has been mentioned in the National Policy on Older Persons, which views the life cycle as a continuum, of which post-60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60-plus as a phase when the individual should have the choices and the opportunities to continue to lead an active, creative, productive and satisfying life.

With the changing demographic composition, the population of senior citizens has been increasing over the years. In order to reflect on their specific needs, the Government has been coming up with schemes and programmes as well as legislation from time to time. Efforts to create awareness, about the issues concerning the senior citizens and the mechanism and legislation which has been put in place for their welfare, have to be generated in a big way. Towards this end, HelpAge India has done a commendable job and I hope that our senior citizens would find this guide very useful and beneficial.

(Mukul Wasnik)
INTRODUCTION

HelpAge India has been working for the cause and care of the disadvantaged older persons in the country for the last 31 years. During this time we have implemented projects for improving the quality of life of older persons by providing medical care through Mobile Medicare Units, ophthalmic operations to restore vision, income generation through micro credit and micro enterprises projects; social security to destitute elderly through sponsor-a-gran parent programme, providing support to day care centres, old age homes and hospitals and urgent support to elderly after natural disasters. We have spent considerable resources, both, human and material to implement these projects. We have the satisfaction of improving the quality of life of more than a million elderly through these projects. However, we have not been able to touch the challenges faced by 90% of the elderly population in the country. To face this enormous challenge, we have decided to make dedicated effort to do advocacy at all levels for ensuring the rights of older persons.

Awareness is the first step for concerted effort for advocacy. The Senior Citizens’ Guide and other such publications of HelpAge India are an effort to create awareness among older persons and other stake holders. We hope that the updated version will prove useful to the readers.

Mathew Cherian
Chief Executive
HelpAge India
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1. CONSTITUTIONAL PROVISIONS:

In Constitution of India, entry 24 in list III of schedule VII deals with the “Welfare of Labour, including conditions of work, provident funds, liability for workmen's compensation, invalidity and old age pension and maternity benefits. Further, Item No. 9 of the State List and item 20, 23 and 24 of Concurrent List relates to old age pension, social security and social insurance, and economic and social planning.

Article 41 of Directive Principles of State Policy has particular relevance to Old Age Social Security. According to this Article, "the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in case of unemployment, old age, sickness and disablement and in other cases of undeserved want".


2. NODAL MINISTRY RESPONSIBLE FOR THE WELFARE OF THE AGED:

Ministry of Social Justice & Empowerment

(a) NATIONAL POLICY ON OLDER PERSONS:

National Policy on Older Persons seeks to assure older persons that their concerns are national concerns and they will not live unprotected, ignored and marginalised. The National Policy aims to strengthen their legitimate place in society and help older people to live the last phase of their life with purpose, dignity and peace. This policy provides a broad framework for inter sectoral collaboration and cooperation both within the government as well as between government and non-governmental agencies. In particular, the policy has identified a number of areas of intervention: financial security, health care and nutrition, shelter, education, welfare, protection of life and property etc. for the wellbeing of older persons in the country. Amongst others the policy also recognizes the role of the NGO sector in providing user friendly affordable services to complement the endeavours of the State in this direction. While recognising the need for promoting productive ageing, the policy also emphasises the importance of family in providing vital non formal social security for older persons.


(b) THE IMPLEMENTATION STRATEGY ADOPTED FOR OPERATIONALISATION OF NATIONAL POLICY IS AS FOLLOWS:

1. Preparation of Plan of Action
2. Setting up of separate Bureau for Older Persons in Ministry of Social Justice and Empowerment.
3. Setting up of Directorates of Older Persons in the States
5. Setting up of a National Council for Older Persons headed by Minister for Social Justice and Empowerment (Representatives from Central Ministries, States, Non-Official members representing NGOs, academic Bodies, Media and Experts and members).
7. Encouraging the participation of local self Government

(C) INTER-MINISTERIAL COMMITTEE
The Ministry of Social Justice and Empowerment has set-up and Inter-Ministerial Committee comprising twenty-two Ministries/Departments. The Ministry of Social Justice and Empowerment has prepared the Plan of Action earmarking certain action points for implementation by the various Ministries/Departments concerned. Since the task ahead is vast, the Ministry of Social Justice and Empowerment envisages an annual phase-wise implementation of the Plan of Action. With this in view, the Ministry prepare Annual Plan of action each and every year. The last meeting of the Inter Ministerial Committee was held on 7.2.2008.

The Ministry also interacts with the State Governments to bring about a uniformity of age for both male and female for the purpose of distribution of old age pension. Some State Governments like Goa, Delhi, Kerala, Tripura and Karnataka have prepared State Policy and Plan of action for the elderly people.


(D) ANNUAL PLAN OF ACTION FOR THE YEAR 2007-08 FOR IMPLEMENTATION BY VARIOUS MINISTRIES/DEPARTMENTS

i) Maintenance of maximum functional capacity throughout the life course and promotion of the full participation of older persons with disabilities
ii) Adopting a Community Based Rehabilitation approach for empowerment and effective intervention for the disabled elderly

MINISTRY OF HEALTH & FAMILY WELFARE
i) To give more attention to the treatment of Alzheimer’s disease and to include specific components for treatment of geriatric diseases under the National Rural Health Mission.
ii) Advancing Health And Well-Being Into Old Age
• Preventive Health Care for elderly and well-being throughout life
• Reduction of the cumulative effects of factors that increase the risk of disease and consequently potential dependence in older age.
• Development of policies to prevent ill health among elderly.
• Access to food and adequate nutrition for all older persons.

iii) Universal and equal access to health-care services
• Development and strengthening of primary health-care services to meet the needs of older persons.
• Development of a continuum of health care to meet the needs of older persons.
• Involvement of older persons in the development and strengthening of primary and long-term care services.

iv) Older persons and HIV/AIDS
• Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and those who are caregivers for infected or surviving family members.
• Provision of adequate information, training in care-giving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers.

v) Provision of improved information and training for care providers, health professionals and para-professionals on the needs of older persons.

vi) Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons.

vii) Extension of CGHS Coverage to cover grandparents and dependent old relatives of the government employee.

viii) Provision of Mobile Medicare Units in remote and inaccessible areas for providing healthcare to the older persons

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
i) To encourage universities/departments/ research centers to develop and deliver appropriate educational and training material relevant and useful for older persons.
ii) To inculcate the traditional values in education system in order to remove prejudices against the elderly.
iii) Primary education sector to be supplemented by voluntary educators among the senior citizens in schools facing the problem of shortage of teachers.

MINISTRY OF WOMEN AND CHILD DEVELOPMENT
i) Formulation of specific programmes/ schemes for the social, economic, health, safety and welfare of the elderly women and including a similar component in the existing schemes/programmes.
ii) To take a proactive stand for the elderly destitute women and give priority to their problems under their existing schemes.
iii) To develop nutrition programme for the elderly women.

MINISTRY OF FINANCE
i) Adoption of the age of 60 years for senior citizens for giving tax benefits.
ii) To micro finance the self-help groups of older persons to undertake income-generating activities.

MINISTRY OF LABOUR
i) Employment opportunities for all older persons who want to work.
ii) Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of increased experience with age.
iii) Promotion of programmes to enable all workers to acquire basic social protection/social security, including where applicable, pensions, disability insurance and health benefits.

MINISTRY OF RURAL DEVELOPMENT
i) To include older persons with disabilities under the National Rural Employment Guarantee Scheme to promote and protect the right of work of older persons with disabilities.
ii) Improvement of living conditions and infrastructure in rural areas.
iii) Alleviation of the marginalization of older persons in rural areas.
iv) To issue instructions to the States/UTs to reduce the eligibility age under the National Old Age Pension from 65 years to 60 years.

MINISTRY OF LAW & JUSTICE
i) Free legal aid to the senior citizens
ii) Quick disposal of litigations involving senior citizens

MINISTRY OF HOME AFFAIRS
i) Sensitization of police force to be included as one of the agenda items for the review meetings held by the Ministry with Chief Secretaries/Home Secretaries of the States/UTs.
ii) Equal access by older persons to food, shelter and medical care and other services during and after natural disasters and other humanitarian emergencies.
iii) Enhanced contributions of older persons to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies.
iv) Elimination of all forms of neglect, abuse and violence of older persons.
v) Creation of support services to address elder abuse.

MINISTRY OF INFORMATION & BROADCASTING
i) To educate the society about the issues related to the senior citizens.
ii) Identification of subjects related to older persons, production of programmes and their telecast/ broadcast.
iii) Department of Field Publicity to initiate awareness programmes especially in rural areas.
iv) Publicizing and keeping the concerns of the elderly in constant public focus.
MINISTRY OF SURFACE TRANSPORT
i) State Road Transport authorities to consider giving fare concessions to senior citizens.
ii) Designs of buses to be modified to provide for easy alighting.
iii) Ensuring friendly public transport to the elderly by providing convenient staircase/steps/ramps etc., for boarding and convenient seating arrangement (reserved) for older persons.
iv) Free travel for person aged 80+.

MINISTRY OF PANCHAYATI RAJ
i) Recognition of the social, cultural, economic and political contribution of older persons.
ii) Participation of older persons in decision-making processes at all levels and enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons.
iii) A manual could be prepared to guide Panchayats on matters they need to do for the old persons

MINISTRY OF URBAN DEVELOPMENT
i) To consider synergising of their efforts in enforcing disability friendly building byelaws with that of the Chief Commissioner of Disabled for effective implementation of the guidelines at all levels.

(E) NATIONAL COUNCIL FOR OLDER PERSONS
A National Council for Older Persons (NCOP) under the chairperson of the Minister of State for Social Justice and Empowerment has been set up since 1999 to operationalise the National Policy on Older Persons. There are 49 members in the Council. The NCOP is the designated office for receiving suggestions, complaints and grievances from individual older persons. The Council met on 28th April 2009.

Source: www.socialjustice.nic.in

(F) SCHEMES OF THE MINISTRY
In order to facilitate implementation of the National Policy, and to bring about a qualitative improvement in the programme intervention of the Ministry following schemes are being implemented:

(i) Scheme of Assistance to Panchayati Raj Institutions/Voluntary Organizations/ Self Help Groups for construction of old age homes/multi service centres for older persons: This scheme is under revision.

(ii) An Integrated Programme for Older Persons has been revised w.e.f. 1st April 2008.

(a) Programmes Admissible for Assistance Under the Scheme:-
(i) Maintenance of Old Age homes to provide food, care and shelter for a minimum number of 25 destitute older persons.

(ii) Maintenance of Respite Care Homes and Continuous Care Homes for a minimum of 25 Older Persons who live in old age homes but are seriously ill requiring continuous nursing care and respite.

(iii) Running of Multi Service Centres for Older Persons to provide daycare, educational and entertainment opportunities, healthcare, companionship to a minimum number of 50 older persons.

(iv) Maintenance of Mobile Medicare Units to provide medical care to the older persons living in rural and isolated and backward areas.

(v) Running of Day Care Centres for Alzheimer’s Disease/Dementia Patients to provide specialized day-care to the Alzheimer’s disease patients.

(vi) Physiotherapy Clinics for Older Persons

(vii) Disability and Hearing Aids for Older Persons

(viii) Mental Health Care and Specialized Care for the Older Persons to provide Mental Health Care Intervention Programmes to the elderly. This scheme is also open to organizations/hospitals, which are already into mental health care. The scheme would help such organizations to integrate the component for older persons, which is hitherto neglected.

(ix) Help-lines and Counselling Centres for Older Persons

(x) Sensitising Programmes for Children Particularly in Schools and Colleges

(xi) Regional Resource and Training Centres

(xii) Training of Caregivers to the Older Persons

(xiii) Awareness Generation Programmes for Older Persons and Care Givers like Self-care, preventive health care, disease management, preparation for old age/healthy and productive ageing; intergenerational bonding.

(xiv) Multi Facility Care Centres for Destitute Older Widow Women to provide shelter, educational, occupational and entertainment opportunities, healthcare, companionship to the widowed older women

(xv) Volunteers Bureaus for older persons

(xvi) Formation of Vridha Sanghas /Senior Citizen Associations.

(xvii) Any Other Activity, which is considered suitable to meet the objective of the scheme.

Extent of Support to the Project:

- Up to 90% of the cost of the project indicated in the scheme will be provided by the Government of India and the remaining shall be borne by the organization/institution concerned.

- In the case of schools, colleges, Educational Institutions and recognized youth organizations such as Nehru Yuvak Kendra Sanghathan (NYKS) and the National Service Scheme (NSS) undertaking programmes and services for Older Persons, up to 100% cost of the project indicated in the scheme shall be provided by the Government.
Implementing Agencies:
Assistance will be sanctioned to the following agencies subject to terms and conditions laid down by this Ministry:

i. Panchayati Raj Institutions/Local bodies
ii. Non-Governmental Voluntary Organizations
iii. Institutions or Organizations set up by Government as autonomous/subordinate bodies
iv. Government Recognized Educational institutions, Charitable Hospitals/Nursing Homes, and recognized youth organizations such as Nehru Yuvak Kendra Sangathan (NYKS).
v. In exceptional case, financial assistance under the Scheme shall also be provided to State Governments/Union Territory administrations.

Eligibility Criteria

i) Should be a registered body, under an appropriate Act;

ii) Already been working for at least two years; or a Public Trust registered under any law for the time being in force or a charitable company licensed under Section 525 of Companies Act, 1958.

iii) But in the case of the North Eastern region, J&K, Desert areas and under serviced/Under-represented areas, this condition of two years will not be applicable. In other deserving cases, the condition of two years may be relaxed with the approval of the Secretary (SJ&E) on case-to-case basis.

iv) The Organization shall have a properly constituted managing body with its powers, duties and responsibilities clearly defined and laid down in a written Constitution; It shall have an appropriate administrative structure and a duly constituted managing/ executive committee;

v) The organization is initiated and governed by its own members on democratic principles.

vi) The aims and objects of the organization and programmes in fulfillment of those aims and objects are specifically laid down;

vii) The Organization shall not run for profit to any individual or a body of individuals; The Organization should possess proven credentials and capabilities to handle such projects.

For other details log on to www.socialjustice.nic.in

(iii) Training and Capacity Building Programmes on Old Age Care by National Institute of Social Defence:
- **Six Month certificate Course** - The six-month certificate course in geriatric care has been conceptualized to develop a cadre of frontline geriatric care-givers (Geriatric animators) to meet the demand for care givers in Old Age Homes, Hospitals, Homes of needy elderly.

- **One Year P.G Diploma In Integrated Geriatric Care** - This is a specialized diploma course in integrated geriatric care focusing on supervisory/managerial level of service providing institutions having inputs on geriatric management, geriatric counselling, social policy and planning, geriatric research etc.

- **Community Training in Computer for Elderly** - As a Pilot Initiative on Community Training in Computer for Elderly, initially the Institute conducted two such trainings for Senior Citizens at Patna and New Delhi. The main purpose was to impart basic and practical knowledge of computers to the older persons in order to acquaint them with the basic functions of computer operation, opening internet, sending mail through internet, booking tickets, downloading the relevant information, etc. the training programmes has since been expanded to other areas based on the positive feedback.

**Training of NGO Functionaries**

1. One Month Certificate Course
2. Five Day training Programmes on
   a. Geriatric Counselling.
   b. Management of Homes, and
   c. Dementia Care and Management of Alzheimer’s disease.

For Enquiry contact:
Director
National Institute of Social Defence
Ministry of Social Justice & Empowerment
West Block-1, Wing-7, Gr. Floor,
R.K. Puram,
New Delhi-110066.
91-11-26100058
91-11- 26106325
Website: http://nice.nisd.gov.in/contact.php

**(G) 11th PLAN OUTLAY AND EXPENDITURE**

The total outlay for Social Defence under the 11th Five Year Plan is Rs. 458 crores. Out of which Rs. 113 crore is allocated for Integrated Programme for Older Persons and 60 crores for construction of Old Age Homes. The outlay for the year 2008-09 was Rs. 22 crores and 13 crores respectively.
3. LEGAL RIGHTS

(a) CODE OF CRIMINAL PROCEDURE, 1973
Section 125(1) (2) makes it incumbent for a person having sufficient means to maintain his father or other who, is unable to maintain himself or herself and on getting proof of neglect or refusal, may be ordered by a first class magistrate to make a monthly allowance not exceeding Rs.500/-. It is applicable to all, irrespective of their religious faith and religious persuasions, and includes adoptive parents. This section has been interpreted by the Supreme Court in its ruling so as to make daughters and sons, married or unmarried, equally responsible to maintain their parents.

(b) HINDU ADOPTION AND MAINTENANCE ACT, 1956
The right of parents without any means to be supported by their children having sufficient means has been recognised by section 125 (1) (d) of the Code of Criminal Procedure 1973, and Section 20(3) of the Hindu Adoption and Maintenance Act, 1956. This act gives a statutory recognition to the well established normal obligation of a Hindu child (male or female) to maintain his aged or infirm parents, as long as they are not able to maintain themselves.

(c) LEGISLATION BY THE HIMACHAL PRADESH GOVERNMENT
Himachal Pradesh Maintenance of Parents and Dependents Act, 2001 wherein a simple procedure was introduced for parents and being ignored by their children to be given maintenance. In addition to making it obligatory for errant wards not taking care of their aged parents, the bill aims at simplifying the procedure by authorising the sub-divisional officer (civil) for fixing maintenance and Addl. Commissioner as the appellate authority so that the decision can be taken and cases disposed off promptly, bringing justice and relief to older persons without loss of time.
Source : Gazette of Himachal Pradesh, 26th September, 2001

(d) MAINTENANCE AND WELFARE OF PARENTS AND SENIOR CITIZENS ACT, 2007
Who is a Senior Citizen, Parent, Child or Relative under the Act?
“Senior citizen” is any citizen of India of 60 years and above whether living in India or not.
“Parent” is the father or mother even if not of 60 years yet.
“Children” are adult son, daughter, grandson and grand-daughter
“Relatives” are those who are either in possession of the property of the senior citizen or would inherit it.

Who can demand maintenance under the Act?
Parents and grand parents who are unable to maintain themselves from their own income can demand maintenance from their children as defined above.
and “Childless Senior Citizens” who are unable to maintain themselves from their own income can demand maintenance from their relatives as defined above.

What is Maintenance?

Maintenance includes provision for food, clothing, residence, medical attendance and treatment. Maximum amount which may be ordered for maintenance of a senior citizen by the Tribunal shall be such as prescribed by the State Government which shall not exceed Rs. 10,000/- per month.

Who is entitled to Maintenance?
Parents, grand-parents and senior citizens who are unable to maintain themselves from their own income and property are entitled to demand maintenance from their children and specified relatives respectively with sufficient means.

Whose obligation is it to maintain the elderly?
It is the obligation of the children and specified relatives with sufficient means to provide maintenance for their parents and childless senior citizen respectively.

How is an Application for Maintenance made and decided?
Application for maintenance may be made by the senior citizen or parent to the Tribunal under Section 4 in layperson’s language giving names, full details and addresses of the persons from whom they are demanding maintenance. If there is more than one child or relative, they may claim maintenance from one or all of them depending on their means of income.

Maintenance proceedings may be initiated against any child/children or relative in any district where the parent or senior citizen lives or last lived or where the child/children or relative live.

If such applicants are incapable of making an application themselves, any other person or registered voluntary organisation authorised by him/her can make the application; or the Tribunal can take suo motu cognizance and proceed. Upon receipt of the application, the Tribunal would issue notices to the children, conduct hearings, take evidence and order maintenance. Tribunal may also refer the case for reconciliation or pass interim orders for maintenance.

If the children or relatives fail to pay the ordered maintenance without sufficient reason for 3 months after its due date, the senior citizen can approach the Tribunal again who may impose a fine or order imprisonment of the child/relative up to a month or until payment is made whichever is earlier.

What if the elderly themselves and their children and specified relatives do not have sufficient means to maintain them?
State Governments may establish, in a phased manner, sufficient senior citizen homes and maintain the same for indigent or abandoned and neglected (by their kith and kin) beginning with at least one Old Age Home in each district sufficient
to accommodate a minimum of 150 elderly. State Government may also prescribe scheme for management of old age homes, set standards and prescribe minimum services for medical care and entertainment of the elderly in the Old Age Homes.

Abandonment
Under Section 24, if anybody who has responsibility for the care or protection of a senior citizen leaves him/her in any place, with the intention of wholly abandoning him/her, such person shall be punishable under the Act with imprisonment of either three months or fine upto Rs. 5,000 or both. The offence would be cognizable and will be tried by a Magistrate.

Conditional Transfer Of Property
An important provision has been made for the elderly to claim their property back from children, if given conditionally after commencement of the Act on promise of looking after their needs and amenities if such promise is not fulfilled. Under Section 23, if after commencement of the act any Parents or senior citizens have transferred their property to their children or relatives on the condition that they would provide certain maintenance and amenities to the senior citizen but subsequently neglect or refuse to do so the parents or senior citizens can get such transfers voided (cancelled) at their option by having such transfer treated as a fraudulent or coercive acquisition and seek return of their property so transferred.

(e) IMPLEMENTATION OF THE ACT
As per the available records, the Act has so far been notified in 21 states, namely Karnataka, Jharkhand, Nagaland, Andhra Pradesh, Punjab, Rajasthan, Arunachal Pradesh, Tripura, Madhya Pradesh, Kerala, Chhattisgarh, Tamil Nadu, Orissa, Goa, Assam, Gujarat, Haryana, Uttarakhand, West Bengal, Maharashtra, Mizoram and 6 Union Territories namely, Daman & Diu, Dadra & Nagar Haveli, Delhi, Puducherry, Chandigarh and Lakshadweep.

7 states, i.e., Gujarat, Karnataka, Punjab, Rajasthan, Tripura, West Bengal, Chhattisgarh and 1 Union Territory i.e., Chandigarh have constituted both Maintenance Tribunal and Appellate Tribunal. However, apart from Karnataka and Chandigarh, Gujarat, Punjab, Rajasthan, Tripura, West Bengal and Chhattisgarh have appointed Maintenance Officers as per the provision of the Act. Assam has constituted the Maintenance Tribunal only.

In Gujarat, Tripura & West Bengal Rules have been formulated for implementation of the Act.

Source: Ministry of Social Justice and Empowerment
4. PRIVILEGES & BENEFITS

(a) ECONOMIC SECURITY

(i) Old Age pension for the general Public:

**INDIRA GANDHI NATIONAL OLD AGE PENSION SCHEME (IGNOAPS):**

Indira Gandhi National Old Age Pension Scheme (IGNOAPS) was launched by Dr. Manmohan Singh on 19th November, 2007. **National Old Age Pension Scheme** has now been broad based to cover all BPL families. All persons of 65 years or above belonging to a household below the poverty line (BPL). The name of the beneficiary/applicant should be included in the BPL list 2002. In case the person's name is not in this list s/he should appeal in the appropriate authority for inclusion. The Central Assistance under IGNOAPS shall be at the rate of Rs. 200 per month per beneficiary. States have been urged to give matching amounts. Some states are giving additional amounts. The pension is to be credited, where possible, into a post office or public sector bank account of the beneficiary. The States/UTs are required to furnish a certificate that all eligible persons have been covered under IGNOAPS.

Source: The Hindustan Times, 19th November 2007, New Delhi

The coverage has expanded from 87 lakh to 157 lakh beneficiaries. Rs.3,443 crore in 2008-09 budget was allocated as against Rs. 2,392 crore in 2007-08.

Source: [http://indiabudget.nic.in/ub2008-09/bs/speecha.htm](http://indiabudget.nic.in/ub2008-09/bs/speecha.htm)

- **Old Age Pension in different States:**

State Governments also give pension to destitute and needy older people. The rate of pension per month is as follows:
<table>
<thead>
<tr>
<th>S.No.</th>
<th>State/ UT</th>
<th>Social Pension Scheme</th>
<th>Eligibility</th>
<th>Amount Per Month (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Andhra Pradesh</td>
<td>Old Age Pension</td>
<td>Older Persons, Widows, Handicapped, Weavers</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indiraamma Scheme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02.</td>
<td>Assam</td>
<td>Old Age Pension</td>
<td></td>
<td>200 (Central Govt.) + 50 (state Share)</td>
</tr>
<tr>
<td>03.</td>
<td>Bihar</td>
<td>Indira Gandhi National Old Age Pension Scheme (IGNOAPS)</td>
<td>BPL card holders with an annual income of less than Rs. 30,000</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Laxmi Bai Widow Pension</td>
<td>BPL widows only in the state</td>
<td>200</td>
</tr>
<tr>
<td>04.</td>
<td>Chandigarh</td>
<td>U.T. State Pension</td>
<td>60 and above Monthly income should not exceed Rs. 1000/- if spouse is not living and Rs. 1,500/- if spouse is living excluding the income of sons who are living separately Domicile in U.T. Chandigarh and have resided in Chandigarh for more than three years</td>
<td>200</td>
</tr>
<tr>
<td>05.</td>
<td>Delhi</td>
<td>IGNOAPS</td>
<td>65 and above</td>
<td>500</td>
</tr>
<tr>
<td>06.</td>
<td>Goa</td>
<td>Dayanand Social Security Scheme</td>
<td>Earning less than Rs. 12,000/- p.a.</td>
<td>1,000</td>
</tr>
<tr>
<td>07.</td>
<td>Gujarat</td>
<td>Vay Vandana operational since 1.4.1978</td>
<td>Destitute elderly over 60 with no adult son or adult son who is seriously ill or handicap. Income less than Rs. 2,400/- p.a. or annual family income of Rs. 45,000/- p.a., residing in Gujarat for more than 10 years.</td>
<td>Rs. 200/- per month + Rs. 75 (if over 65 years), Payment through money order.</td>
</tr>
<tr>
<td>08.</td>
<td>Haryana</td>
<td>Old Age Allowance</td>
<td>A person of Haryana domicile, aged 60 years or above.</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A survey would be conducted every year to include new beneficiaries.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Older Person from BPL family of 65</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Annual increase of Rs. 50/- and the amount to be reviewed every 4 years.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Those older persons getting the allowance for last 10 years will now get an increased amount of Rs. 700/-</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>State</td>
<td>Scheme/Programme</td>
<td>Eligibility</td>
<td>Amount per month</td>
</tr>
<tr>
<td>----</td>
<td>----------------------</td>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>09</td>
<td>Himachal Pradesh</td>
<td>State Pension scheme</td>
<td>60 years and above who are living alone and had an annual income of less than Rs. 6,000; person with one earning son and an annual income of not more than Rs. 11000/-</td>
<td>330</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IGNOAPS</td>
<td>65 years and above belonging to BPL category.</td>
<td>330</td>
</tr>
<tr>
<td>10</td>
<td>Jammu &amp; Kashmir</td>
<td>Elderly poor people</td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>11</td>
<td>Karnataka</td>
<td></td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>12</td>
<td>Madhya Pradesh</td>
<td>IGNOAPS</td>
<td></td>
<td>275</td>
</tr>
<tr>
<td>13</td>
<td>Maharashtra</td>
<td>Sanjay Gandhi Niradhar Yojna &amp; under Widow Pension Scheme</td>
<td>BPL</td>
<td>250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IGNOAPS</td>
<td>65 years and above, BPL family. This is done without any formality</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indira Gandhi Bhumihih Vrudh Sheth- Majdoor Sahayay Yojana</td>
<td>100</td>
</tr>
<tr>
<td>14</td>
<td>Manipur</td>
<td>Manipur Old Age Pension Scheme (1982)</td>
<td>Destitute, rural, male- 65 years and above; female- 60 years and above</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Nagaland</td>
<td>State Old Age Pension Scheme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Punjab</td>
<td>State Pension Scheme</td>
<td>Women 60 years and above and men 65 years and above; bonafide resident of state for at least 3 years; Income of Rs 1,000/- if single and Rs.1,500/- if couple.</td>
<td>200 (payment through banks)</td>
</tr>
<tr>
<td>17</td>
<td>Uttar Pradesh</td>
<td>Old Age Pension</td>
<td></td>
<td>300</td>
</tr>
<tr>
<td>18</td>
<td>Uttarakhand</td>
<td>State Old Age Pension</td>
<td>60 years and above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>IGNOAPS</td>
<td>65 years and above</td>
<td></td>
</tr>
</tbody>
</table>

Table is based on the information provided by HelpAge India’s State Offices.
(ii) Annapurna:
A scheme called “ANNAPURNA” was introduced by the Government of India w.e.f. 01-04-2000. Under this scheme free food grains (wheat or rice) upto 10 Kg. per month are provided to older persons, 65 years or above who are otherwise eligible for old age pension under the National Old Age Pension Scheme, but are not receiving it. The number of persons to be benefited under this scheme are, in the first instance 20% of the persons eligible to receive pension under IGNOAPS in states/UTs. The department of public distribution, Union Ministry of Consumer Affairs and Public Distribution ensures the supply of required quantities of prescribed quality of food grains from the godowns of the Food Corporation of India (FCI) to the agencies designated by the State Government. It has been implemented in all states and union territories of India.

Source: http://rural.nic.in/nsap_1.htm

(iii) The Unorganized Worker's Social Security Act, 2008
The salient features of the Act are as under:

• Section (2) provides for the definitions, including those relating to unorganised worker, self-employment and wage worker.
• Section 3(1) provides for formulation of schemes by the Central Government for different sections of unorganized workers on matters relating to (a) life and disability cover; (b) health and maternity benefits; (c) old age protection (d) any other benefit as may be determined by the Central Government.
• Section 3(4) provides formulation of schemes relating to provident fund, employment injury benefits, housing, educational schemes for children, skill upgradation, funeral assistance and old-age homes by the State Governments.
• Section 4 relates to funding of the schemes formulated by the Central Government.
• Section 5 envisages constitution of National Social Security Board under the chairmanship of the Union Minister for Labour & Employment with Member Secretary and 34 nominated members representing Members of Parliament, unorganized workers, employers of unorganized workers, civil society, Central Ministries and the State Governments with provision for adequate representation to persons belonging to the Scheduled Castes, the Scheduled Tribes, the minorities and women. The functions of the National Board, inter alia, include: to recommend to the Central Government suitable schemes for different sections of unorganized workers; monitor the implementation of schemes and advise the Central Government on matters arising out of the administration of the Act.
• Section 6 has provision for constitution of similar Boards at the State level.
• Section 7 relates to funding pattern of the schemes formulated by the State Governments.
• Section 8 prescribes record keeping functions by the district administration. For this purpose, the State Government may direct (a) the district panchayat in rural areas; and (b) the urban local bodies in urban areas to perform such functions.
• Section 9 provides for setting up of constitution of Workers’ Facilitation Centre to (i) disseminate information on social security schemes available to them, and (ii) facilitate the workers to obtain registration from district administration and enrolment of unorganized workers.

• The Unorganised Worker’s Social Security Rules, 2009 under the Act have been framed.


(iv) Post Retirement Benefits For Employees of Central Government
Sixth Pay Commission

1. Older pensioners require a better deal because their needs, especially those relating to health, increase with age. Quantum of pension available to the old pensioners should be increased as follows:-

<table>
<thead>
<tr>
<th>On attaining</th>
<th>Additional quantum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of pension</td>
<td></td>
</tr>
<tr>
<td>80 years</td>
<td>- 20% of basic pension</td>
</tr>
<tr>
<td>85 years</td>
<td>- 30% of basic pension</td>
</tr>
<tr>
<td>90 years</td>
<td>- 40% of basic pension</td>
</tr>
<tr>
<td>95 years</td>
<td>- 50% of basic pension</td>
</tr>
<tr>
<td>100 years</td>
<td>- 100% of basic pension</td>
</tr>
</tbody>
</table>

2. Linkage of full pension with 33 years of qualifying service should be dispenses with. Once an employee renders the minimum pensionable service of 20 years, pension should be paid at 50% of the average emoluments received during the past 10 months or the pay last drawn, whichever is more beneficial to the retiring employee. Simultaneously, the extant benefit of adding years of qualifying service for purposes of computing pension/related benefits should be withdrawn as it would no longer be relevant.

3. The recommendation regarding payment of full pension on completion of 20 years of qualifying service will take effect only prospectively for all Government employees other than PBORs in Defence Forces from the date it is accepted by the Government.

4. All future cases of commutation of pension should be considered as per the revised communication table annexed to the Report which may be revised periodically by the Government keeping in view the interest rates and the mortality table.

5. The revised commutation table will only be used for all future commutations and will not be applied for the past commutations in respect of post 31.12.2005 pensioners who have already commuted their pension, the revised commutation table shall be used only to compute the amount of pension that has become additionally commutable on account of retrospective implementation of the revised pay scales, in case such an option is exercised by the retiree. For all future
pensioners, the commutation of pension shall be computed and paid as per the revised commutation table.

6. The maximum pecuniary limit of Rs. 3.5 lakh on payment of gratuity should be raised to Rs. 10 lakh.

7. In case of Government employees dying in harness, family pension may be paid at enhanced rates for a period of 10 years.

8. The dependency criteria for all purposes should be the minimum family pension along with dearness relief thereon. This should also be followed in cases relating to payment of family pension as well.

9. In accordance with recommendations for paying higher quantum of pension to very old pensioners, quantum of family pension payable to similarly old family pensioners would also to be increased. Quantum of pension available to the family pensioners should also be increased on par with that recommended for pensioners as under:-

<table>
<thead>
<tr>
<th>Age of family pension</th>
<th>Additional quantum of family pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 years</td>
<td>20% of basic family pension</td>
</tr>
<tr>
<td>85 years</td>
<td>30% of basic family pension</td>
</tr>
<tr>
<td>90 years</td>
<td>40% of basic family pension</td>
</tr>
<tr>
<td>95 years</td>
<td>50% of basic family pension</td>
</tr>
<tr>
<td>100 years</td>
<td>100% of basic family pension</td>
</tr>
</tbody>
</table>

10. In the case of disability pension, for 100% disability where the individual is completely dependent on somebody else for day to day functions, no Constant Attendant Allowance is available under the CCS (Extraordinary) Pension Rules, 1939. Such Constant Attendant Allowance is available in the Defence Forces. A similar allowance needs to be extended in respect of civilian retirees as well because their requirement would be similar. Accordingly, a constant attendant allowance should be introduced, on the lines existing in Defence Forces under the CCS (Extraordinary) Pension Rules, 1939 as well.

11. The rates of ex-gratia may be doubled and raised to Rs. 10 lakhs in cases of death occurring due to accidents in the course performance of duty whether attributable to acts of violence by terrorists, anti-social elements etc. or otherwise and to Rs. 15 lakhs in cases of death occurring due to enemy action in international war or border skirmishes or action against militants, terrorists, extremists in the border posts or on account of natural disasters, extreme weather conditions while on duty in the specified high altitude, inaccessible border posts, etc.

12. For purposes of nomination for eligibility to get family pension etc., the term ‘Family’ is divided into two categories with the relations mentioned in first category having precedence over relations mentioned in the second category. The first
category includes sons and unmarried daughters. However, widowed daughters have been placed in the second category. This is discriminatory towards the widowed daughters especially as sons, whether married/ unmarried/ widowers/ divorced have been placed in the first category. For purposes of eligibility for Family Pension and other related benefits, the widowed daughters should also be placed in the first category.

13. The childless widow of a deceased Government employee should continue to be paid family pension even after her remarriage subject to the condition that the family pension shall cease once her independent income from all sources becomes equal to or higher than the minimum prescribed family pension in the Central Government.

14. The following recommendation was accepted with modifications Accepted with the modification that fixation of pension shall be based on a multiplication factor of 1.86, i.e. basic pension + Dearness Pension (wherever applicable) + dearness relief of 24% as on 1.1.2006, instead of 1.74.

All past pensioners should be allowed fitment benefit equal to 40% of the pension excluding the effect of merger of 50% dearness allowance/ dearness relief as pension (in respect of pensioners retiring on or after 1.4.2004) and dearness pension (for other pensioners) respectively. The increase will be allowed by subsuming the effect of conversion of 50% of dearness relief/ dearness allowance as dearness pension/ dearness pay. Consequently, dearness relief at the rate of 74% on pension (excluding the effect of merger) has been taken for the purposes of computing revised pension as on 1.1.2006. This is consistent with the fitment benefit being allowed I case of the existing employees. The fixation of pension will be subject to the provision that the revised pension, in no case, shall be lower than fifty percent of the sumo f the minimum of the pay in the pay band and the grade pay thereon corresponding to the pre-revised pay scale from which the pensioner had retired. (5.1.47)

Source: http://www.india.gov.in/govt/paycommission.php

Central Government Employees Group Insurance Scheme
A portion of monthly contributions paid while in service is credited in a Saving Fund, on which interest is given. A Government servant while entering service has to apply in Form No. 4 of the above Scheme to the Head of Office, who shall issue a sanction for the payment of subscriber’s accumulation in the Savings Fund segment together with interest and arrange for its disbursement, soon after retirement.

General Provident Fund and Incentives
All temporary Government servants after a continuous service of one year, all re-employed pensioners (Other than those eligible for admission to the Contributory Provident Fund) and all permanent Government servants are eligible to subscribe to the Fund. A subscriber shall subscribe monthly to the fund. Subscriptions to
the Provident Fund are stopped three months prior to the date of superannuation. Rates of subscription shall not be less than 6% of subscriber's emoluments. Rate of interest on GPF accumulations with effect from 1.4.2000 is 11% compounded annually and the rate of interest will vary according to the notifications of the government. The rules provide for drawal of advances/withdrawals from the Fund for specific purposes.

**Deposit Linked Insurance Revised Scheme**

Under the GPF Rules, on the death of subscriber, the person entitled to receive the amount standing to the credit of the subscriber shall be paid an additional amount equal to the average balance in the account during the 3 years immediately preceding the death of the subscriber subject to certain conditions provided in the relevant Rule. The additional amount payable under that Rule shall not exceed Rs. 60,000/-. To get this benefit, the subscriber should have put in at least 5 years service at the time of his/her death.

*(Ministry of Personnel, Public Grievances & Pensions, Department of Pension & Pensioners Welfare, New Delhi)*

**(v) New Pension Scheme in India**

- The new pension system would be based on defined contributions. It will use the existing network of bank branches and post offices etc. to collect contributions. There will be seamless transfer of accumulations in case of change of employment and/or location. It will also offer a basket of investment choices and Fund managers. The new pension system will be voluntary.

- The system would, however, be mandatory for new recruits to the Central Government service (except the armed forces). The monthly contribution would be 10 percent of the salary and DA to be paid by the employee and matched by the Central Government. However, there will be no contribution from the Government in respect of individuals who are not Government employees. The contributions and returns thereon would be deposited in a non-withdrawable pension account. The existing provisions of defined benefit pension and GPF would not be available to the new recruits in the central Government service.

- In addition to the above pension account, each individual can have a voluntary tier-II withdrawable account at his option. Government will make no contribution into this account. These assets would be managed in the same manner as the pension. The accumulations in this account can be withdrawn anytime without assigning any reason.

- Individuals can normally exit at or after age 60 years from the pension system. At exit, the individual would be required to invest at least 40 percent of pension wealth to purchase an annuity. In case of Government employees, the annuity should provide for pension for the lifetime of the
employee and his dependent parents and his spouse at the time of retirement. The individual would receive a lump-sum of the remaining pension wealth, which she would be free to utilize in any manner. Individuals would have the flexibility to leave the pension system prior to age 60. However, in this case, the mandatory annuitisation would be 80% of the pension wealth.

- There will be one or more central record keeping agency (CRA), several pension fund managers (PFMs) to choose from which will offer different categories of schemes.

- The participating entities (PFMs, CRA etc.) would give out easily understood information about past performance & regular NAVs, so that the individual would able to make informed choices about which scheme to choose.

Source: http://pfrda.org.in/indexmain.asp?linkid=84

(vi) Old Age Allowance in Punjab
Punjab Government has lowered the age of eligibility for ‘old age allowance’ by five years. 5% old age allowance would be given to pensioners over the age of 65 now in place of 70 years earlier. Similarly 10% old age allowance at present admissible at the age of 80 years will now be admissible on completion of the age of 75 years w.e.f. 1st January 2001.

This is applicable to all pensioners, family pensioners including IAS officers of Punjab Cadre.

(Vide office memo No.3/31/2000-3 FPPC/8936 dated:22nd November 2001 Government of Punjab Department of Finance, Finance Pension Policy and Coordination Branch, Chandigarh)

(vii) Citizen Services by Ministry of Personnel, Public Grievances & Pensions
The Public Grievance Redress And Monitoring System (PGRAMS) is an online computerized system over NICNET which has been developed with an objective of speedy redress and effective monitoring.

(viii) Provision by the Himachal Pradesh Government (District Solan Pensioner’s Helpline)

The Government of Himachal Pradesh has initiated a pensioner’s helpline for its senior citizens where the details of pension are available on internet. All the pensioner’s have to do is, input their PPO Number(numeric) and the name; the month wise pension details (from October 2001 onwards) will be displayed. In case of any doubt feel free to write to District Treasury Officer, Solan Pin Code-173212, Himachal Pradesh.

(Source: www.himachalpradesh.nic.in)

(B) TAXATION:

(i) Medical

• Deduction in respect of medical insurance premia (Sec. 80D):
  An assessee is entitled to a deduction up to Rs. 20,000 where the assessee or his/her spouse, or dependent parents or any member of the family is a senior citizen (Rs. 15,000 in case of others).

• Deduction in respect of medical treatment (Sec. 80DDB):
  This section provides for a separate deduction to a resident assessee being an individual or a Hindu undivided family member for expenditure incurred for medical treatment for the individual himself or his dependent relative in respect of disease or ailments which may be specified in the rules. The deduction shall be limited to Rs. 40,000. However, where the expenditure incurred is in respect of the assessee or his dependent relative or any member of a Hindu undivided family of the assessee and who is a senior citizen (65 years of age anytime during the previous year) a fixed deduction of Rs. 60,000 will be available. Senior Citizens suffering from any chronic disease need not pay tax, if their income is upto Rs. 2.15 lakhs.

(Taxpayers Information Series-31; Taxation of Salaried Employees Pensioners and Senior Citizens, Directorate of Income Tax(RSp and PR) New Delhi, July 2001and Courtesy: office of the Joint Secretary(Revenue) Ministry of Finance, Government of India) and www.low.incomtaxindia.gov.in)

(ii) Provisions in Budget 2009-2010

Health

All BPL families to be covered under Rashtriya Swasthya Bima Yojana (RSBY). Allocation under RSBY increased by 40 per cent over previous allocation to Rs.350 crore in B.E. 2009-10.

One Rank One Pension for Ex-servicemen (OROP)

Based on the recommendation of the Committee headed by the Cabinet Secretary on OROP, government has decided to substantially improve the pension of pre 01.01.2006 defence pensioners below officer rank and bring pre 10.10.1997 pensioners on par with post 10.10.1997 pensioners. The decisions to be implemented from 01st July, 2009 and will cost more than Rs.2,100 crore annually.
Direct Taxes
Exemption limit in personal income tax raised by Rs.15,000 from Rs.2.25 lakh to Rs.2.40 lakh for senior citizens. Deduction under section 80-DD in respect of maintenance, including medical treatment, of a dependent who is a person with severe disability being raised from the present limit of Rs.75,000 to Rs.1 lakh.

(source: http://indiabudget.nic.in)

(C) INSURANCE SCHEMES: Health and Pension
(i) Rashtriya Swasthya Bima Yojana or RSBY started rolling from 1st April 2008. RSBY has been launched by Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. 21 states have advertised the scheme. 47,97,688 Smart cards have been issued to the beneficiaries under the scheme till 29.05.09. The health insurance scheme aims to facilitate launching of health insurance projects in all the districts of the States in a phased manner for BPL workers. The definition of BPL is the one prescribed by the Planning Commission.

Salient Features of the Scheme
• Contribution by Government of India: 75% of the estimated annual premium of Rs.750, subject to a maximum of Rs. 565 per family per annum. The cost of smart card will be borne by the Central Government.

• Contribution by respective State Governments: 25% of the annual premium, as well as any additional premium.

• The beneficiary would pay Rs. 30 per annum as registration/renewal fee.

• The administrative and other related cost of administering the scheme would be borne by the respective State Governments

• Unorganized sector workers belonging to BPL category and their family members (a family unit of five) shall be the beneficiaries under the scheme.

• It will be the responsibility of the implementing agencies to verify the eligibility of the unorganized sector workers and his family members who are proposed to be benefited under the scheme.

• The beneficiaries will be issued smart cards for the purpose of identification.

• The beneficiary shall be eligible for such in-patient health care insurance benefits as would be designed by the respective State Governments. However, the State Governments are advised to incorporate at least the following minimum benefits in the package / scheme:
• The unorganised sector worker and his family (unit of five) will be covered. Total sum insured would be Rs. 30,000/- per family per annum on a family floater basis.

• Cashless attendance to all covered ailments

• Hospitalization expenses, taking care of most common illnesses with as few exclusions as possible

• All pre-existing diseases to be covered

• Transportation costs (actual with maximum limit of Rs. 100 per visit) within an overall limit of Rs.1000.

(ii) VARISHTHA Mediclaim for Senior Citizens
This policy has been designed to cater to the needs of our Senior Citizens. It covers Hospitalization and Domiciliary Hospitalization Expenses under Section I as well as expenses for treatment of Critical Illnesses, if opted for, under Section II. Diseases covered under Critical Illnesses are as under: Coronary Artery Surgery, Cancer, Renal Failure, Stroke, Multiple Sclerosis, Major Organ Transplants, Paralysis and blindness at extra premium.

Persons who will not opt for critical illness cover are entitled to Hospitalization and Domiciliary hospitalization expenses cover for those diseases categorized above as critical illness but up to the limit of Sum Insured under Section I i.e. under Hospitalization and Domiciliary Hospitalization Expenses and the claim for those diseases will be paid on reimbursement basis or as cashless hospitalization.

Sum Insured is fixed per person. Under Hospitalization & Domiciliary Hospitalization Cover sum Insured is Rs.1,00,000/- and under Critical Illness cover Sum Insured is Rs. 2,00,000/-. 

For fresh entry in to the scheme the age limit is 60 years to 80 years. However, for renewal, age limit will be extended up to 90 years in which case the premium of 76 years to 80 years age band will be loaded by 10% up to 85 years and 20% up to 90 years of age.

No Medical Check up is required if the insured was covered under any Health Insurance Policy of National Insurance Company or other Insurance companies uninterruptedly for preceding three years. Other persons have to undergo medical check up at their own cost for Blood/Urine Sugar, Blood Pressure, Echocardiography and eye check up including retinoscopy.

The Company’s liability in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured for the person as mentioned in the Schedule. Liability of the company under Domiciliary Hospitalization clause is limited to 20% of the Sum Insured under Section I and within the overall limit of
sum insured under section I. Ambulance charges up to a maximum limit of Rs.1000/- in a policy year will be reimbursed.

For more information log on to http://www.nationalinsuranceindia.com

(iii) HOPE - Health of Privileged Elder
The Oriental Insurance Company Ltd, a public sector non-life insurance company, has come out with a new Mediclaim Policy for the senior citizens. The Policy, entitled HOPE (Health of Privileged Elder), was launched in New Delhi. While launching the policy Ramadoss said that the policy covers all Indian citizens above 60 years. Hospitalisation due to 10 specified diseases and accident is covered in the policy. This means majority of the diseases that the senior citizens are susceptible to remains covered under the policy. The sum insured of Rs. 1 lakh to Rs. 5 lakh can be opted. The premium, based on age bands and sum insured opted ranges from Rs. 4,500 to Rs. 29,000. New Entrants have to bear 10 per cent extra on the above. The insured has to bear compulsory co-pay of 20 per cent of the admissible claim amount. Additional optional co-pay of 10 to 50 per cent will reduce the premium by the same proportion. For claim free years discount in premium up to 20 per cent is built in. Cashless payment through TPA up to Rs. 1 lakh is available under the policy.

Source: Pharma Health Newswire Vol 1 No. 5 December 2007

(iv) Group Medical Insurance Scheme
The Group Medi-claim policy is available to any group/association/institution/corporate body of more than 100 persons provided it has a central administration point. The policy covers reimbursement of hospitalisation and/or domiciliary hospitalisation expenses only for illness/diseases contracted or injury sustained by the insured person. The basic policy under this scheme is Medi-claim only. This policy is also available to persons between the age of 5 years and 80 years. The sum insured varies from Rs. 15,000/- to Rs. 5,00,000 and premium varies from Rs. 175/- to Rs. 12,450/- per person per annum depending upon the different slabs of sum insured and different age groups.
(For more details, please contact the nearest New India Assurance Company Ltd. Branch or your agent)

(v) Jan Arogya
The Scheme is primarily meant for the larger segment of the population who cannot afford the high cost of medical treatment. The limit of cover per person is Rs. 5,000/- per annum. The cover provides for reimbursement of medical expenses incurred by an individual towards hospitalisation/domiciliary hospitalisation for any illness, injury or disease contracted or sustained during the period of insurance. Age limit - 70 years.
(For more details, please contact the nearest New India Assurance Company Ltd. Branch or your agent)
(vi) **ICICI Lombard Overseas Travel Insurance**
Covers unexpected and unplanned medical and non-medical expenses when you are abroad. It covers **pre-existing disease in life-threatening emergency situations**. ICICI Lombard has partnered UnitedHealth Group, to provide you access to United Health Care's network of hospitals and physicians when in the US. This plan is for senior citizens between 71 to 85 years. There is no medical check up. The claim benefit is of $15,000 per illness or injury. The policy can be bought for duration of 180 days. For details log on to http://www.icicilombard.com/app/ilom-en/personalproducts/Travel.aspx Or call 1800-209-8888

(vii) **ING Golden Life (Unit Linked Pension Plan)**
Tax benefits under section 80C / 80CCC and 10(10A).

(viii) **ING New Future Perfect** (Unit Linked Insurance Plan - Retirement Planning)
For more details of this and other such schemes of ING log on to http://www.inglife.co.in/productcenter/productcenter-retirement.shtml or call 1-800-419-8228 or SMS “ING” to 53636

(ix) **Smart Invest Pension Plan**
This scheme of Max New York’s Life is a comprehensive unit linked pension plan to meet your post retirement financial needs. Entry Age: 18-60 yrs
Premium Payment Period: Regular/Single
Deferment Period: 10 yrs – 52 yrs.
Vesting Age: 50yrs -70 yrs
Minimum ATP: Regular Pay: Rs.10,000; Single Pay: Rs.1,50,000

<table>
<thead>
<tr>
<th>Head of Information</th>
<th>Regular Premium Option</th>
<th>Single Premium Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry Age</td>
<td>18 yrs- 65 yrs.</td>
<td>18 yrs - 70 yrs.</td>
</tr>
<tr>
<td>Payment of premium</td>
<td>Annual, Half Yearly, Quarterly or Monthly</td>
<td>One Time</td>
</tr>
<tr>
<td>Minimum Premium Payable</td>
<td>Various Options</td>
<td>Rs. 45,000</td>
</tr>
<tr>
<td>Vesting Age</td>
<td>45 yrs. – 75 yrs</td>
<td>45 yrs – 75 yrs</td>
</tr>
<tr>
<td>Vesting Period</td>
<td>10 yrs – 57 yrs</td>
<td>5 yrs – 57 yrs</td>
</tr>
</tbody>
</table>

**Entry Age 8 yrs to 55 yrs**

<table>
<thead>
<tr>
<th>Premium Payment Terms</th>
<th>5 yrs to 25 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Premium Payable</td>
<td>Annual: Rs. 15,000</td>
</tr>
<tr>
<td></td>
<td>Half-Yearly : Rs. 8,000</td>
</tr>
<tr>
<td></td>
<td>Quarterly : Rs. 4,000</td>
</tr>
<tr>
<td></td>
<td>Monthly : Rs. 1,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Premium Payment Option</th>
<th>Top ups Rs. 5,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual, half-yearly, quarterly or monthly</td>
</tr>
</tbody>
</table>
For details on this and other such schemes log on to http://www.maxnewyorklife.com, call 1800-200-5577; 1800-180-5577 (BSNL/MTNL) or SMS LIFE to 54242

(x) AVIVA Pension Elite

<table>
<thead>
<tr>
<th>Entry Age</th>
<th>18 yrs. – 60 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturity Age</td>
<td>40 yrs. – 70 yrs</td>
</tr>
<tr>
<td>Policy Term</td>
<td>10 yrs – 30 yrs</td>
</tr>
<tr>
<td>Premium Payment Term (PPT)</td>
<td>PPT is equal to Policy Term</td>
</tr>
<tr>
<td>Annual Premium</td>
<td>Rs. 50,000 Minimum, No Limit for Maximum</td>
</tr>
<tr>
<td>Top Up Premium</td>
<td>Rs 1,000 Minimum, No Limit for Maximum</td>
</tr>
<tr>
<td>Sum Assured</td>
<td>Rs. 25,000 (Fixed)</td>
</tr>
<tr>
<td>Premium Frequency</td>
<td>Yearly, Half Yearly, Quarterly, Monthly</td>
</tr>
</tbody>
</table>

For more information on this and other such schemes log on to www.avivaindia.com/Individual/Retirement.aspx

(xi) New Jeevan Dhara-I

This is Deferred Annuity plan that allow the policyholder to make provision for regular income after the selected term.

Premiums:
Premiums are payable yearly, half-yearly, quarterly, monthly or through Salary deduction, as opted by you, throughout the term of the policy or till earlier death. Alternatively, the premium may be paid in one lump sum (single premium).

Tax Benefits:
Tax relief under Section 80ccc is available on premiums paid under New Jeevan Suraksha I (Table No.147). The premiums paid under New Jeevan Dhara I (Table No.148) qualify for tax relief under Section 88.

Bonuses:
These are with-profit plans and participate in the profits of the Corporation's annuity / pension business. Policies get a share of the profits in the form of bonuses. Simple Reversionary Bonuses are declared per thousand Sum Assured annually at the end of each financial year. Once declared, they form part of the guaranteed benefits of the plan. Final (Additional) Bonuses may also be payable provided policy has run for a certain minimum period.

For more information on this and other such schemes log on to www.licindia.com
Indusind Bank Ltd. has launched a Senior Citizens Scheme - an investment option that gives you high returns with the assured security. It offers

- Free ATM Card
- Telebanking
- Internet banking

It has 26 branches all over India.

(For more details visit www.indusind.com or contact Indusind House, Dadasaheb Bhadkamkar Marg (Lamington Road), Mumbai - 400 004, Tel. : 91-22-385 6072/ Fax : 91-22-385 6037.)

Citibank Senior Citizen Account gives higher interest rate on fixed deposits; free transactions at ATMs of all banks; succession planning service to help you protect/preserve your wealth. Other benefits include discounts at leading hospitals, spa, exclusive annual membership plan at leading natural therapy centres, free consultation with Ayurvedic experts, tailor-made tour packages to religious/exotic destinations and regular assistance on travel booking. For other privileges like loan against property and facilities against your investment in equity shares and mutual funds please log on to www.online.citibank.co.in.

Special Rate of Interest to Senior Citizen

The Bank offers an additional rate of 0.50% p.a. on deposits of one year and above to senior citizens, on our domestic term deposit schemes. For details log on to www.unionbankofindia.co.in

Senior Citizens (public other than staff) will get 0.5% p.a. interest more than the card rates on their deposits of six months and above maturity on all deposit schemes uniformly till further notice. Senior Citizens Ex-Staff members will get 1.5% p.a. additional interest (0.5% for senior citizen+1% p.a. applicable to staff members) for their deposits for periods of 6 months and above on fresh renewal of deposits upto amount of Rs. 15 lacs only (Branch Circular No. 102/27 dated 07.05.2008). For details log on to http://www.bankofindia.com/Deposit.aspx

Allahabad Bank Personal Loan Scheme for Pensioners

All central and state govt. and teacher pensioners drawing pension from any branch of the bank is eligible for loan under this scheme. Any other pensioner if s/he is willing to provide 50% collateral security by way of FDR/NSC/KVP/LIP. The age should not exceed 70 years. The minimum loan amount is Rs 15,000 and maximum Rs.75,000. The interest rate is PLR+1%p.a.w.m.r. 0.5% rebate is allowed for regular payment. Processing fee of 0.50% of the loan amount with a minimum of Rs.200.Repayment period is 36 months. Group Personal Accident Insurance Policy of Rs.75,000 covering accidental death of the pensioner. For other details log on to http://www.allahabadbank.com/ploan_pensioner.asp#top
(E) REVERSE MORTGAGE

• Baroda Ashray (Reverse Mortgage Loan) offered by Bank of Baroda

This scheme addresses the need for cash of senior citizens with immovable property. This scheme is available to senior citizens over the age of 60 years. Married couple with age of one spouse over 60 and the other not below 55 can also avail the benefits. The senior citizens should be the owner of a residential property (house or flat) located in India in his/her own name and it should be used as permanent primary residence (fully self occupied property). The maximum loan amount inclusive of interest for entire tenure of the loan shall be restricted to Rs. 1 crore subject to value of the property. The Bank shall have the option to revise periodic annuity amount, if lump-sum payment is taken or at the interval of every 5 years based on valuation of the property. The loan shall become due and payable when the last surviving borrower dies or would like to sell the home / permanently moves out of the home for aged care to an institution or relatives. The loan will, as such, become due for recovery and payable. Settlement of loan, along with accumulated interest, to be met by the proceeds received out of sale of residential property. The borrower(s) or his/her/their estate shall be provided with the first right to settle the loan along with accumulated interest, without sale of property. A reasonable period of 2 months may be provided when repayment is triggered, for house to be sold. Available at Fixed Rate Option (Subject to re-set clause after every 5 years) or at Floating Rate Option. The tenure is for 15 years but may further be extended till survival of the borrower/s subject to advance value of the property. Insurance of the residential property mortgaged to the bank shall be regularly taken. The premium charges are to be borne by borrower. For details log on to http://www.bankofbaroda.com/pfs/retailloans.asp

• PNB Baghban for Senior Citizens

The residential house/flat owner, who is resident of India, of the age of 60 years & above, is eligible to raise the loan under this Scheme. The qualifying amount of loan will depend on the realisable value of residential property, after maintaining margin of 20%. The maximum qualifying amount of loan, along with interest, shall be restricted to Rs.100 lac. Interest rate of 11% p.a. (fixed) subject to re-set clause of five years. The loan shall be extended as regular fixed monthly payments during the loan period. i.e. 10-20 years or till the death of the last surviving spouse, whichever is earlier. Depending on the age of the beneficiary, monthly instalments calculated on “Reverse Annuity” basis to be paid to the senior citizen borrower for different tenors of loan. Payment of lump sum amount, with a maximum of Rs.15 lacs, under the scheme can also be considered selectively on merit, for meeting medical exigencies of senior citizen borrower and his/her spouse & dependents. The loan shall be secured by way of equitable Mortgage of self acquired / self occupied Residential Property in favour of the Bank. The property will be revalue every 5 years and monthly loan instalment will be re-fixed keeping in view revised ROI (after reset) and valuation of property. Settlement of loan, along with accumulated interest, to be met by the proceeds received out of sale of residential property and any surplus to be paid to heirs. The loan will, as such, become due for recovery and payable six months after death of the last surviving spouse.
However the legal heirs/legatee of the deceased borrowers will be given first option to settle the loan, along with the accumulated interest, without sale of the property. Amount equivalent to half month’s loan instalment subject to Maximum of Rs.15,000/- + Service Tax & Education Cess. After the loan is sanctioned senior citizen borrower(s) shall be given up to 10 days time to re-look into his requirements and if he so wishes to cancel the transaction for any reason whatsoever. For more details log on to http://pnbindia.in/pnbbaghbhan.htm# or contact your nearest branch of Punjab National Bank

(F) HEALTH SECURITY

(i) Health Services to Central Government Employees

It provides comprehensive health care facilities for the Central Govt. employees and pensioners and their dependents residing in the following cities: Allahabad, Ahmedabad, Bangalore, Bhubaneswar, Bhopal, Chandigarh, Chennai, Delhi, Dehradun, Guwahati, Hyderabad, Jaipur, Jabalpur, Kanpur, Kolkata, Lucknow, Meerut, Mumbai, Nagpur, Patna, Pune, Ranchi, Shillong, Trivandrum and Jammu. There are: 248 allopathic dispensaries, 19 polyclinics, 78 Ayush dispensaries/units, 3 Yoga Centres, 65 Laboratories and 17 Dental Units.

List of empanelled hospitals in each of the above mentioned city is available on the website: http://mohfw.nic.in/cghsnew/hospital.asp?langid=1

Wellness Centre

The Chief Medical Officers/Medical Officer In charge of the dispensaries are responsible for proper and smooth working of the dispensary and to ensure observance of such orders as may be issued by the competent authority of CGHS from time to time.

Working hours of the Wellness Centre /polyclinic:
7.30 A.M. to 1.30 P.M. on all working days (except Sunday and holiday).

Additional and Limited Emergency Services (in Functional Dispensaries only)
1.30 P.M.to 7.30 A.M next day. On Sundays and holidays the service continues from 7.30 A.M to 7.30 A.M next day.

Registration Timings: The registration is stopped 15 minutes before scheduled closing time of dispensary. However, no serious patient is returned back unattended in the dispensary.

CGHS Cards
Definition of Family
In accordance with the initial instructions, the term of Family for the purposes of the Scheme shall consist of the Government servant’s wife or husband, as the case may be children and stepchildren and parents who are mainly dependent on and residing with the Government servant concerned. Subsequently in pursuance of the recommendations of the Sixth Central Pay Commission, it has been decided that for availing the medical facilities under the scheme, parents, sisters, widow
sisters, widowed daughters, minor brothers and children will be deemed dependent on the Government employee if they are residing with him/her and their income from all sources including pension and pension equivalent of DCRG benefit is less than Rs. 3500 +DA per month.

Entitlement of the Scheme
All Central Govt. Servants paid from Civil Estimates (other than those employed in Railway Services and those employed under Delhi Administration except members of Delhi Police Force) having their head quarters in cities where the Scheme is functioning and members of their families, are entitled for the CGHS medical facilities.

Transfer
In case the Central Govt. Employees is transferred to uncovered city leaving behind his/her family, the Government Employee is not entitled for the medical benefits either for himself or for his family under the Scheme but will be governed under CS(MA) Rule. In the event of the posting of the Central Govt. Employee to North Eastern Region Andaman and Nicobar Is-lands & Lakshadweep and his family members continue to stay in an area covered by the Scheme temporary family permit for availing CGHS benefits will be issued to the family members by depositing advance usual contribution. But in such cases the Central Govt. Employee himself will be governed under CS(MA) Rule.

Temporary Visit in Covered City
Central Govt. employees and dependent family members who are beneficiaries of the CGHS and who may be visiting other cities where the scheme is operating and stay in the areas covered by the Scheme are entitled for free medical attendance / treatment under the said scheme. (Necessary authority/ temporary cards for medical treatment in any of those cities, should be issued by the respective departments in case of serving employees.) Medical facilities should be restricted to period not exceeding six months after which fresh authorities may be issued, if necessary. Similar facilities are also available to pensioners and the dependent family members if holding. CGHS Cards and permission shall be granted by CGHS of the city visiting.

Production of CGHS Card
The production of CGHS Card is obligatory at every visit to enable correct identification of the patient and to prevent misuse of card. The misuse of card is a cognizable offence. However, in view of humanitarian service, essential and immediate treatment should not be denied to the patient but the beneficiary should be advised to bring the CGHS Card at the time of subsequent Visits and if considered necessary, a note may be made in OPD ticket of the patient. The production of CGHS Index Card in the dispensary will enroll the card holder as a member of the said dispensary. The renewal of Pensioners' card shall be done in the dispensary. The Indian Postal Order should be sent to Pensioner Cell, Nirman Bhavan/DDO Office outside Delhi, regularly on or before 6th day of the
following month. Before accepting the I.P.Os the Chief Medical Officer In-charge
must see the date of issue of I.P.O/ DDS which should be within one month of
issue from the Post Office. The Chief Medical Officer in-charge will obtain a
certificate from each pensioner for any rise of pay/pension due to increment rise
after every two years for calculation of rate of pension or the fact may be verified
from his pension payment order before revalidation of card. The Chief Medical
Officer In-charge may therefore re-fix the rate of contribution accordingly. In case
of Pensioner the transfer of card from one dispensary to another shall be done
by the Chief Medical In-charge of the dispensary.

Registration Of CGHS Card In Dispensary
Card Holder must deposit the Index Card in the dispensary and obtain receipt
from the receiving clerk. The receiving clerk, will initial the token card in
confirmation. Until he deposits the Index Card, he is not entitled for treatment in
the said dispensary. On transfer to another dispensary the Card Holder must
collect the index card from the dispensary and deposit the same along with
necessary forms (in duplicate) to the new dispensary which has been allotted to
him. It is only after the deposition of Index Card in the dispensary that the members
mentioned in the token card are entitled to obtain CGHS facilities.

Surrender Of CGHS Card
The CGHS Identity Card held by the beneficiary other than Pensioner, General
Public, Ex-MPs etc. must be surrendered to the issuing authority in the following events:-
(a) Retirement /Resignation
(b) Death of Government Servant.
(c) Transfer of Govt. Servant to another office. The Govt. servant if transferred
to another office where he/ she is again entitled for CGHS benefits must apply
and obtain a new Identity Card.

Pensioners, EX-M.Ps Member of General Public etc. are also required to surrender
their Identity Cards to the issuing authority on its expiry in case they no longer
desire to avail CGHS facilities.

Misuse of CGHS Card
If the Medical Officer detects a case of misuse of CGHS Token Card by
unauthorized
person, he will bring to the notice of Chief Medical Officer In-charge and / or the
matter reported to the Zonal HQ/ etc. for further necessary action.

Loss of Identity Card
As a lost card is likely to be misused the card holder must inform immediately to
the
Police and inform the following with a, copy of F.I.R.
(i) Issuing authority.
(ii) M.O. In-charge of the concerned dispensary
(iii) Headquarters of CGHS in the cities other than Delhi. A duplicate card can be issued after realising penalty of Rs. 5/- for 1st instance, 2nd instance Rs. 7/-, 3rd and subsequent instance Rs. 10/- . In case of individual Plastic Cards in Delhi – the procedure is same but, the penalty is Rs.50/-

Dependence Certificate
Every Card Holder must certify that the parents /Dependents whose names have been included in the token card, normally reside with him. Such a certificate must be furnished at the time of issue of Token Card and renewed every January. Otherwise the parents shall be treated as non entitled persons. The certificate must also state that the income from all sources does not exceed Rs. 3500 + DA p.m.

CGHS HELPLINE IS NOW OPERATIONAL on all working days from 9.30 am to 5.30 pm Tel. 011-66667777 E-mail: helpline-cghs@nic.in
Beneficiaries can contact the Helpline for (a) Any information about CGHS including Medical Reimbursement Claims (b) Any Grievance or Complaint

(ii) E.S.I.

Employees' State Insurance Act, 1948 envisaged an integrated need based social insurance scheme that would protect the interest of workers in contingencies such as sickness, maternity, temporary or permanent physical disablement and death due to employment injury resulting in loss of wages or earning capacity. The Act also guarantees reasonably good medical care to workers and their immediate dependants. The Act is now applicable to non-seasonal power using factories employing 10 or more persons and non-power using factories employing 20 or more persons. The Scheme has been extended to shops, hotels, restaurants, cinemas including preview theatre, road motor transport undertakings and newspaper establishment employing 20 or more persons. The existing wage-limit for coverage under the Act, is Rs.10,000/- per month (with effect from 1.10.2006). The scheme is applicable in all states except: Nagaland, Manipur, Tripura, Sikkim, Arunachal Pradesh and Mizoram. It is also applicable in UTs: Delhi, Chandigarh and Puducherry.

It provides 6 social security benefits: medical, sickness, maternity, temporary disablement, permanent disablement, dependent benefit and Funeral Expenses.

An interesting feature of the ESI Scheme is that the contributions are related to the paying capacity as a fixed percentage of the workers wages, whereas, they are provided social security benefits according to individual needs without distinction.

Cash Benefits are disbursed by the Corporation through its Local Offices LOs/ Mini Local Offices (MLOs)/Sub Local Offices SLOs)/pay offices, subject to certain contributory conditions.
In addition, the scheme also provides some other need based benefits to insured workers.

i. Rehabilitation allowance

ii. Vocational Rehabilitation

iii. Unemployment Allowance (Under Rajiv Gandhi Shramik Kalyan Yojana)

ESI provides benefits to the retired insured employees and permanently disabled insured persons as well. On payment of Rs.10/- P.M. in lump sum for one year in advance, Medical Benefit can be provided (under Section 56 of the Act) to:

(a) An Insured Person and his or her spouse who leaves insurable employment on attaining the age of superannuation after being insured for not less than five years, till the period for which contribution is paid.

(b) An Insured Person and his/her spouse who ceases to be in insurable employment on account of permanent disablement due to employment injury shall be entitled to medical benefit.

The Standing Committee of the ESI Corporation, in its meeting held on 13th Dec., 2005, has approved certain medical facilities to the pensioners of the E.S.I.C. under the name and style of “The E.S.I.C. Pensioners’ Medical Scheme,2006” which shall come into force w.e.f. 1st April, 2006. See Annexure1 for details.

Source: www.esic.in/pensioner.pdf

(iii) Health Care Services in Various States

Ministry of Health (on request from the Ministry of Social Justice and Empowerment) has issued instructions to all state governments to provide for separate queues for older persons in hospitals for registration and clinical examination.


Special Health Care facilities provided in various states

(a) Sunday Clinics in Delhi:

Sunday Clinics at various Hospitals of Delhi exist to enable senior citizens to get medical care easily. The aim is to provide OPD services/facilities on Sundays in the hospitals under Delhi Government so that the older patients' caregivers can also accompany them without having to take leave from their workplace. The following Hospitals have Sunday Clinics (9.00 am to 1.00 pm)

1. Lal Bahadur Shastri Hospital, Khichiripur
2. Rao Tulla Ram Hospital, Jafarpur
3. Jag Jivan Ram Hospital, Jahangirpuri
4. Dr. N C Joshi Hospital, Karol Bagh
5. Lok Nayak Jai Prakash Narain Hospital, Jawahar Lal Nehru Marg
6. Deen Dayal Upadhyay Hospital, Hari Nagar
7. Guru Teg Bahadur Hospital, Sahadra
8. Sanjay Gandhi Memorial Hospital, Mangolpuri
9. Aruna Asaf Ali Hospital, Rajpur Road
10. Maulana Azad Medical College, Bahadur Shah Zafar Marg
11. Ram Manohar Lohia Hospital, Kharak Singh Marg

These Hospitals have also the separate counter for Senior Citizens for Medicines and OPD.

(Directory of Health, Government of N.C.T of Delhi)

(b) Geriatric Clinics:

- **ANDHRA PRADESH**:
  Only widows are entitled for health care benefits, which include free registration at the government hospitals and free treatment for TB, Leprosy etc. to a very limited extent.

- **BIKANER**
  S.P. Medical College holds ageiatric clinic once a week.

- **BANGLORE**
  M.S Ramiah Medical college has geriatric clinic services available

- **KOLKATA**
  Calcutta medical college has geriatric clinic services available.

- **COCHIN**
  Amrita institute of medical sciences geriatric clinic services available and a geriatric ward.

- **DELHI**
  All India Institute of Medical Sciences (AIIMS) conducts a Geriatric Clinic on every Thursday at 2.00 pm in the Medicine OPD (2nd Floor, Room No. 27)

- **GOA**
  Directorate of Health Services has reserved certain percentage of beds to the senior citizens in government hospitals.
  Institute of Public Assistance (Provedoria) is providing relief to the older persons by distribution of free medicines and spectacles to the destitute senior citizens as per rules.

- **GUJARAT**:
  Free IOL (Intra Ocular Lens) is given to elderly (60 yrs. and above) for cataract surgery. Separate queues for older persons in hospitals.
HEALTH CARE SERVICES (IN RAJASTHAN):

All the elderly above the age of 70 years are entitled of free treatment, medicines and investigation in all government hospitals.

• JAIPUR

Special medical wards for the treatment of the seasonal ailments in primary health centres for senior citizens above 60 year of age, living in rural areas of the district.

Free food is provided to the patients in these wards with the cooperation of voluntary organisations.

(source: rajasthan.nic.in)

• JODHPUR

Dr. S.N Medical college runs geriatric clinic once a week.

• KERALA:

Government Hospital, Trivandrum has a geriatric ward with 12 beds (male -8, female - 4). Free treatment is provided to old people whose income is below Rs. 300/- per month.

Medical College Hospital, Trivandrum has an Out Patient Wing on every Monday from 10.30 am to 12.00 noon for senior citizens.

District Blindness Society under the chairmanship of Collector and with the support of Health Services Department have a detection of cataract and further action for older persons.

• MADHYA PRADESH:

The mayor of Indore has announced that in case of serious ailment the senior citizens in the city would be entitled to following benefits: expenditure of 30 days before hospitalization + expenditure during hospitalization + 45 days after hospitalization or Rs. 20,000/- whichever is lesser.

(Website: madhyapradesh.nic.in)

• MAHARASHTRA:

Under District Blindness Control Scheme the state pays Rs. 600/- per IOL (Intra Ocular Lens) operation.

There are separate queues in hospitals for Older Persons.

KEM Hospital has provision of separate beds for Older Persons. Conducts Geriatric clinic once a week for senior citizens.
Alzheimer’s & Related Disorders Society of India (ARDSI) - Mumbai Chapter has recently got a place in J J Hospital Premises. Family member or friend of Alzheimer’s patient could visit ARDSI at J J Hospital Municipal School Building, Room no. 27, 2nd floor, on any Wednesday between 12 and 2 p.m. Dr. Shirin Barodawala, neuro-pathologist, 23513253, will be available.

• MANIPAL
Kasturba Medical College and Hospital has geriatric clinic services available.

• TAMIL NADU:
1. Geriatric wards and OPD in Government Medical college and Hospital in Chennai.
2. Geriatric OPD in Government General Hospital in Madurai.
3. Geriatric Care Clinic/Hospital run by Lions Club, Coimbatore.
   Health Card to be issued to the senior citizen which could be used in any government hospital in the state.

   1. A separate OPD, which provides comprehensive care for senior citizens free of cost.
   2. All investigations are done free of cost.
   3. All health services are free of cost for the card holders.
   4. Drugs are issued free of cost.
   5. Government also plans to provide Mobile Medicare Services.
   6. Free ophthalmic services through District Blindness Control Society.
   7. Rehabilitation and physiotherapy is provided to all the elderly people.
   8. Surgical procedures are carried out by the corresponding geriatric surgical unit; and

With the help of NGO’s, destitute, elderly, after medical management are rehabilitated in old age homes.

(For details contact HelpAge India’s office, Chennai)

• UTTAR PRADESH:
The state pays Rs. 600/- per IOL operation under DBCS. KGMC, Lucknow, runs a Geriatric OPD once in a week in the afternoon.
The Institute of Medical Sciences, BHU has geriatric clinic services available.

• VELLORE
CMC vellore has geriatric clinic services available.
(c) For details of special centres for Arthritis & Osteoporosis, Mental Illness, Heart, Cancer, Kidney & Eye Problems, See Annexure-2

(d) Websites for list of government hospitals in various cities:

Government hospitals in Delhi
www.delhigovt.nic.in/dept/health/medicalcare.asp

Government hospitals in West Bengal, Kolkata

Government hospitals in Kerala

Government hospitals in Maharashtra

Government hospitals in Chennai

Government hospitals in Gujarat

(G) CONCESSIONS IN TRAVEL

• By Road :

1. Delhi Transport Corporation (DTC) :
   Senior citizens are given All Route GLS pass at Rs 50/- Certificate of Age proof + Proof of residence of Delhi & attested ‘pass form’ from Gazetted Officer/MLA/MP to certify that his income from all sources is not more than Rs. 75,000/- per annum. (Source: http://dtc.nic.in/dt3.htm)
   DTC has made provision for reservation of seats for senior citizen in the buses

2. Tamil Nadu :
   In Tamil Nadu Transport Corporation buses, two seats in the front exclusively for old people and handicapped.
3. Maharashtra:
BEST buses in Mumbai offer no concessions. However senior citizens can enter the bus from the front side.

MSRTC (Maharashtra State Road Transport Corporation) buses provide 50% concession if a person is 65 years and above and has an election identity card or a Tehsildar certificate.

Local trains in Mumbai have around 8-10 seats for the senior citizens in only one of the compartments.

4. Chandigarh:
Senior citizens pass holders get 50% travel concession for travelling in city buses in Chandigarh.

5. Goa:
Kadamba Transport Corporation (K.T.C.) provides 5% reservation of seats in bus for senior citizens.

6. Punjab:
Elderly women above 60 years enjoy free travel in Punjab.

7. Rajasthan:
RSRTC (Rajasthan State Road Transport Corporation) provides a concession of 25% to a person of 65 years and above.

8. Kerala:
Free passes are provided to old people who are freedom fighters to travel in fast and express buses. Reservation of two seats in the buses for senior citizens.

• By Train:

<table>
<thead>
<tr>
<th>Category of Persons</th>
<th>Percentage Element of Concession (Single Journey ticket)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. Citizens of minimum 60 years - Travelling for any purpose.</td>
<td>50% for women and 30% for men - in all classes &amp; Rajdhani/Shatabdi/Jan Shatabdi trains</td>
</tr>
<tr>
<td>Recipients of President’s Police Medal for Distinguished Service, after the age of 60 - travelling for any purpose.</td>
<td>30% in all classes &amp; Rajdhani/Shatabdi/Jan Shatabdi trains</td>
</tr>
</tbody>
</table>

Source: www.indianrailway.com
Charging Of Senior Citizen Travelling On Concession No. 360-P/Sr. Citizen/2001

The issue regarding charging of senior citizens travelling on concession, who do not produce age proof during journey, has been examined. Ministry of Railways have decided that in such cases, only the difference of concessional fare paid and non-concessional fare payable shall be charged. Penalty will not be charged in such cases. Necessary instructions have been issued to all concerned immediately.

Source: http://www.indianrail.gov.in/chrging_srcitizen.html

No certificate is required at the time of purchasing ticket. However, a documentary proof showing the age/ date of birth issued by some competent authority must be carried.


In Tamil Nadu and West Bengal, lower berth for senior citizens is also provided on request.

• **By Air:**

Kingfisher Airlines offers special concession for senior citizens, all guests above the age of 65 yrs are entitled for 50% discount on the adult full basic fare in Kingfisher First. Guest can avail of this special fare ticket from our travel agents as well as airport ticketing office (ATO) or city ticketing office (CTO).This concession is available on INR Fares for Indian residents only on domestic sectors, subject to applicable terms and conditions. You can find other details from the call Centre: 1800 209 3030 ;1800 425 7008 ;1800 2333 131

Various other airlines in India give concessions in fares to senior citizens. To know the details Contact your travel agent or the respective office of the airlines in your city.

**(H) SPECIAL COUNTERS**

• **Railway Ticket Booking:**

Separate reservation counters are earmarked for Senior Citizens at various PRS (Passenger Reservation System) Centres if the average demand per shift is more than 120 tickets. The position is reviewed from time to time for continuity of this facility.

(Vide office memo of Government of India, Ministry of Railways (Railway Board), New Delhi, No. 96/TG-I/20/P dated 20.02.1996)
• **Income Tax Return:**
  - Separate counters are marked for Senior Citizens at the time of filing the income tax return.
  - On the spot assessment.
  - Person must be 65 years or above as on 31st March of the assessment year, must be a pensioner and should come personally.
  
  *(Directorate of Income Tax, Government of India)*

• **Other facilities:**
Priority is given to senior citizens while paying the electricity/telephone bills in Punjab and Chandigarh.

In Delhi a separate counter has been opened to facilitate the senior citizens for submission of property tax bills.

*(Vide circular No. A&C(PC)/SAU/PA(R)/IV-38/99-518 dated 24-6-99, Municipal Corporation of Delhi, Assessment & Collection Department, Special Assessment Unit)*

**(I) OLD AGE HOMES IN INDIA**
As per information available with HelpAge India, there are 1279 Old Age Homes in India. Detailed information of 836 homes is available and for 443 homes only contact details are available. 543 homes provide free of cost services while 237 old age homes are on pay & stay basis. 161 homes have both fee as well as pay & stay facilities. 214 old age homes accept medical/constant care cases. 133 homes are exclusively for older women.

*Source: Directory of Old Age Homes in India 2009, published by HelpAge India*

**RETIREMENT RESORTS IN INDIA**
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Tel</th>
<th>Distance</th>
<th>Builder</th>
<th>Website &amp; Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delhi Ashiana Utsav Retirement Resort</td>
<td>Ashiana Bageecha Shopping complex, Bhagat Singh Colony, Bhiwadi, Rajasthan</td>
<td>011-41645164, 01493-230519/230338</td>
<td>30 km from Gurgaon</td>
<td>Ashiana Group</td>
<td><a href="http://www.ashianahousing.com">www.ashianahousing.com</a>; <a href="mailto:sales@ashianahousing.com">sales@ashianahousing.com</a></td>
</tr>
<tr>
<td>Ashiana Utsav Retirement Resort</td>
<td>Ashiana Manglam Developers604, Apex Mall, 5th Floor, Lal Kothi, Tonk Road, Jaipur</td>
<td>0141-4020400, 09828023760</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashiana</td>
<td>Head Office</td>
<td>011-42854265, 09810736565</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashiana Aangan</td>
<td>Bhiwadi</td>
<td>01493-515515</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashiana Manglam</td>
<td>Jaipur</td>
<td>0141-4020400, 09828023760</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashiana Amarbagh</td>
<td>Jodhpur</td>
<td>0291-5133888, 09929033888</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ashiana Woodlands</td>
<td>Jamshedpur</td>
<td>0657-3296805, 09835385199</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pune Athashri Complex</td>
<td>Survey No. 132/2, Pashan Baner Link Road, Pashan, Pune-411021</td>
<td>020-25440986/25462128</td>
<td>14 km from Pune Station</td>
<td>Paranjape Schemes (Construction) Ltd.</td>
<td><a href="http://www.paranjapechemes.com">www.paranjapechemes.com</a>; <a href="mailto:paranjpe@bom3.vsnl.net.in">paranjpe@bom3.vsnl.net.in</a></td>
</tr>
<tr>
<td>Golden Nest</td>
<td>Sr. No. 15, Kalyani Nagar, Pune-411014</td>
<td>020-40044876</td>
<td>Within the city</td>
<td>Vasscon and Manisha Constructions</td>
<td><a href="http://www.goldennestindia.com">www.goldennestindia.com</a></td>
</tr>
<tr>
<td>Bengaluru Brigade Sereniti</td>
<td>8th Phase, J P Nagar, RBI Colony, Kothanpur, South Bengaluru-560078</td>
<td>080-41379200/9880405237</td>
<td>Within the city</td>
<td>Brigade group</td>
<td><a href="http://www.brigadegroup.com">www.brigadegroup.com</a>; <a href="mailto:sereniti@brigadegroup.com">sereniti@brigadegroup.com</a></td>
</tr>
<tr>
<td>Vishranthi Dhama Senior Citizens’ Resort</td>
<td>Nettilgere, Bolare, NH 209, Kannakapura Main Road, Bengaluru-560062</td>
<td>080-26630288/26635048</td>
<td>29 km from the city</td>
<td>Private venture of the Natarajans</td>
<td><a href="http://www.vishranthidham.com">www.vishranthidham.com</a>; <a href="mailto:vishranthidham@yahoo.com">vishranthidham@yahoo.com</a></td>
</tr>
<tr>
<td>LIC HFL Care Homes</td>
<td>LIC HFL Care Homes, Village Madanayakanahalli Post-Madhavaram (off Tumkur Road) District: North Bengaluru-652123</td>
<td>080-64505329, 09342186488</td>
<td>20 km from the city</td>
<td>LIC Housing Finance Ltd.</td>
<td><a href="http://www.lichousing.com">www.lichousing.com</a></td>
</tr>
</tbody>
</table>
5. MISCELLANEOUS

(i) Telephone:
Telephone connection would be given on priority to senior citizens of age 65 years and above. They shall be entitled to register their demand for one telephone connection in their name. The telephones thus provided shall be transferable only in the name of spouse, if alive after death of the subscriber as a general category telephone and subsequent transfers shall be governed by prevailing telephone transfer rules.

(Vide office circular of Government of India, Ministry of Communications, Dept. of Telecommunications, New Delhi, No. 11/99 & 1-12/99 PHA dated 05.10.1999)

(ii) Helplines:

a) Agewell Foundation, an NGO of Delhi, has started a Helpline for older persons. Helpline telephone Nos. - 011-6836486, 011-6910484.

b) Alzheimer’s and Related Disorders Society of India (ARDSI)
National HO, Kerala: 098461 98473 / 098461 98471/ 098461 98786
Bangalore Helpline: 9342730959, 9342730936
Delhi Helpline: 26922940, 64533683, 098102 70497
Mumbai: 022 - 23742479

c) Cansupport
Helpline: 011-26102851 26102869
Email: cansup_india@hotmail.com

d) Delhi Police Helpline: 1019, 1291 or write to:
Police Commissioner, Delhi Police
Post Box No. 171
GPO, New Delhi

e) Dignity Foundation Helplines: Chennai +91- 44-26473165; Kolkata +91- 3324741314; Mumbai +91- 22- 23898078
f) HelpAge India’s Toll free Helplines: Chennai (1253); Cuddalore (1253); Dehradun (1253); Delhi/ NCR (1800-180-1253); Kolkata (1800-345-1253); Shimla (1253) and Srinagar (1253).
Mumbai Police and HelpAge Elder Line: 1090
Greater Hyderabad Municipal Corporation and HelpAge Helpline (AASARA): 1253

iii) Other Helplines:
Bangalore:
Nightingales and the Bangalore City Police: 1090 / 22943226
Nightingale’s Medical Trust Elders’ help line: 23548444

Mumbai:
Shree Manav Seva Sangh: 24081487
Silver Innings: info@silverinnings.com

Kolkata:
Dignity Foundation’s help line for senior citizens: 24741314
Senior Citizen Helpline: 09830088884

Hyderabad:
Heritage Helpline: 23390000
Satyam - HMRI - 104

(iv) Expetitious Disposal of Court Cases:
The Hon’ble Chief Justice of India has advised Chief Justice of all High Courts in the country to accord priority to cases involving older persons and ensure their expeditious disposal.


Mumbai High Court has announced that it would give out-of-turn priority to hearing and disposal of petitions wherein litigants have crossed 65 years of age. The High Court decision would also be applicable to its benches at Goa, Aurangabad and Nagpur besides the subordinate courts in the State. It would extend to all the matters including civil or criminal pending in any court of law.

(v) Special Scheme for Sanskrit Pandits above the age of 55 years:-
The ones who have earned their livelihood by teaching Sanskrit & presently doesn’t have any other income source are given financial assistance to the extent of Rs. 10,000/-.

(v) Magazines for the Elderly:
The publications deal with a wide spectrum of issues, starting from the indignity of elder abuse to alternative medicine, to some philosophy and some inspirational material. Moreover, they provide a forum for the elderly to express their opinions and creativity. The contact details are:
(vi) Recreation Centres for Senior Citizens in Delhi
- The Department has a plan scheme for 70 recreation centres in all assembly constituencies of Delhi.
- 34 centres set up by MCD.
- 2 centres set up by NDMC.
- 15 centres are currently functional.
for details visit: http://www.socialwelfare.delhigovt.nic.in

(vii) Benefits for Older Persons in Himachal Pradesh
Identity Cards to be issued to senior citizens by Government of Himachal Pradesh. The ID Cards to be issued by District Social Welfare Officer and Director Social Welfare.

Separation of queues for Senior Citizens in hospitals, dispensaries, banks, bus stands and post offices and for payment of electricity and water bills. HP

Reservation of two seats in all buses of Himachal Pradesh Road Transport

(viii) Identity Cards to be issued to senior citizens by Government of NCT Delhi
Identity Cards to be issued to senior citizens by Government of NCT Delhi. Please contact respective District Social Welfare Officer.
(ix) National Programme for the Elderly
The other major intervention will be for the elderly. A National Programme for the Elderly with a Plan outlay of Rs.400 crore will be started in 2008-09. Among other measures, we will establish, during the Eleventh Plan period, two National Institutes of Ageing, eight regional centres, and a department for geriatric medical care in one medical college/tertiary level hospital in each State.

Source: http://indiabudget.nic.in/ub2008-09/bs/speecha.htm

(x) Status of Adoption of State Policy on Older Persons

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the State /UT</th>
<th>Adopted State Policy on Older Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Madhya Pradesh</td>
<td>No</td>
</tr>
<tr>
<td>02.</td>
<td>Maharashtra</td>
<td>No</td>
</tr>
<tr>
<td>03.</td>
<td>Himachal Pradesh</td>
<td>No</td>
</tr>
<tr>
<td>04.</td>
<td>Chandigarh</td>
<td>No</td>
</tr>
<tr>
<td>05.</td>
<td>Haryana</td>
<td>No</td>
</tr>
<tr>
<td>06.</td>
<td>J&amp;K</td>
<td>NA*</td>
</tr>
<tr>
<td>07.</td>
<td>Punjab</td>
<td>No</td>
</tr>
<tr>
<td>08.</td>
<td>Bihar</td>
<td>No</td>
</tr>
<tr>
<td>09.</td>
<td>Goa</td>
<td>NA*</td>
</tr>
<tr>
<td>10.</td>
<td>Andhra Pradesh</td>
<td>Yes</td>
</tr>
<tr>
<td>11.</td>
<td>Karnataka</td>
<td>Yes</td>
</tr>
<tr>
<td>12.</td>
<td>Uttarakhand</td>
<td>NA*</td>
</tr>
<tr>
<td>13.</td>
<td>Uttar Pradesh</td>
<td>NA*</td>
</tr>
<tr>
<td>14.</td>
<td>Delhi</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Information not available

(xi) Useful Websites and Online Services
http://www.india.gov.in/citizen/senior_citizen/senior_citizen.php this website provides useful information to senior citizens on health care, housing, government schemes, financial assistance and travel.

Some of the government and consumer organisation websites where one can lodge consumer complaints in India are:
http://www.cag.gov.in/
http://www.cai-india.org/
http://www.cccindia.net/
http://www.cercindia.org/
http://www.cgsiindia.org/
http://www.confonet.nic.in/
http://www.consumercomplaints.in/
http://www.consumerhelpline.in/
http://www.consumeronline.org/
http://www.consumer-voice.in/
http://www.corecentre.co.in/
http://www.icrpc.org/
http://www.iepf.gov.in/
http://www.investorhelpline.in/
http://www.irda.gov.in/
http://www.karmayog.org/
http://www.ncdrc.nic.in/
http://www.pgportal.gov.in/
http://investor.sebi.gov.in/
https://secweb.rbi.org.in/BO/compltindex.htm

(This list is courtesy of Shri Mohan Siroya of Consumer Complaints Cell. Please inform what have been your experiences with these or any other website or institutional mechanism, to cccell@hotmail.com with a cc to info@karmayog.org)

www.jobsretired.com this website provides information on work opportunities for older persons. Please contact Mr. Ravi K Panagariya on the following mobile number Mobile: 09352444445 or email: adhslt@yahoo.co.in

Following websites are for providing useful information to pensioners.

http://www.india.gov.in/howdo/index.php

pension
- Pension Directorate, Uttar Pradesh http://www.india.gov.in/
  outerwin.php?id=http://pensiondirectorate.up.nic.in/
- Directorate of Pension, Madhya Pradesh http://www.india.gov.in/
  outerwin.php?id=http://www.mpgovt.nic.in/mppension/
- Directorate of Pension & Welfare of Pensioners, Punjab http://
  GOVERNMENT/GOVT75K.HTM
- Directorate of Pension, Tamil Nadu http://www.india.gov.in/
  outerwin.php?id=http://www.tn.gov.in/dop/
- Directorate of Pension, Assam http://www.india.gov.in/
  outerwin.php?id=http://pensionassam.nic.in/
- Online Pension Search for employees of Govt of Madhya Pradesh
  www.mptreasury.org/mpt/pensionsearch; View Treasury wise pending
  Pension Payment Order details on www.mptreasury.org/MPTWar/
  rptTrPendingPPO.jsp

Online service Directory of Madhya Pradesh http://www.india.gov.in/howdo/
onlineservice_list.php?state=MP
MEMORANDUM

Subject:- Extension of medical facilities to E.S.I.C pensioners through the E.S.I.C Pensioners' Medical Scheme (E.S.I.C.-PMS).

The Standing Committee of the ESI Corporation, in its meeting held on 13th Dec., 2005, has approved certain medical facilities to the pensioners of the E.S.I.C. under the name and style of "The E.S.I.C. Pensioners' Medical Scheme, 2006" which shall come into force w.e.f. 1st April, 2006.

The Scheme is optional and contributory in nature. Pensioners opting for the scheme shall be required to apply within 3 months from the date of retirement, if they want to avail of the scheme. Those who have retired before introduction of this scheme but are not life time members of any earlier medical schemes will be given one-time option to apply for the membership of this scheme within 3 months from the date of its implementation i.e., 1/4/2006. Pensioners who are already life time members of an earlier medical scheme for E.S.I.C. Pensioners shall automatically become member of E.S.I.C. Pensioners' Medical Scheme unless they opt otherwise. The option once exercised by a pensioner shall be final and cannot be revoked.

Pensioners not opting for the scheme shall continue to be eligible for payment of fixed medical allowance @ Rs. 100/- per month.

Pensioners opting for this scheme shall pay contribution in advance for a minimum period of six months at the following rates:-

<table>
<thead>
<tr>
<th>Pay Range</th>
<th>Pension/Family Pension</th>
<th>Rate of monthly contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay upto Rs. 3000</td>
<td>Upto Rs. 1500</td>
<td>15</td>
</tr>
<tr>
<td>Rs. 3001 to Rs. 6000</td>
<td>Rs. 1501 to Rs. 3000</td>
<td>40</td>
</tr>
<tr>
<td>Rs. 6001 to Rs. 10000</td>
<td>Rs. 3001 to Rs. 5000</td>
<td>70</td>
</tr>
<tr>
<td>Rs. 10001 to Rs. 15000</td>
<td>Rs. 5001 to Rs. 7500</td>
<td>100</td>
</tr>
<tr>
<td>Rs. 15001 and above</td>
<td>Rs. 7501 and above</td>
<td>150</td>
</tr>
</tbody>
</table>
A pensioner will have the option to pay contribution either based on his last pay drawn or based on his present pension (excluding Dearness Relief).

For entry in the scheme, pensioners shall be required to apply in the prescribed application form (Annexure-A) along with a photograph to the designated card issuing authority. The cost of photograph will be borne by the pensioner. The card issuing authority shall intimate the pensioner about the medical card and the index card for submission to the Medical Officer Incharge etc. The procedure for obtaining a duplicate medical card shall also be issued by the card issuing authority.

Pensioners residing within eight kilometers of an E.S.I.C./ESIS Dispensary/Hospital shall avail medical facilities through that dispensary/hospital in the first instance, in absence of which he will have the option to avail the facilities through any other approved dispensary/hospital nearest to his residence. In case, any particular treatment is not available in such dispensaries/hospitals, they may refer the patient to any of the recognized hospitals where such treatment is available. If a pensioner takes treatment from a hospital which is not recognized in non-emergent circumstances, no reimbursement shall be made and the entire expenditure will be borne by the pensioner.

Pensioners who are provided medical facilities through ESI institutions shall remain entitled to the available ward irrespective of their entitlement. Those who are referred to any other recognized hospitals shall be entitled to the class of accommodation as shown below:-

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Rate of Monthly contribution paid</th>
<th>Corresponding Ward in approved Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Upto Rs. 15/-</td>
<td>General</td>
</tr>
<tr>
<td>2.</td>
<td>Rs. 40/-</td>
<td>General</td>
</tr>
<tr>
<td>3.</td>
<td>Rs. 70/-</td>
<td>General/Semi-private as available</td>
</tr>
<tr>
<td>4.</td>
<td>Rs. 100/-</td>
<td>Private</td>
</tr>
<tr>
<td>5.</td>
<td>Rs. 150/-</td>
<td>Private or above as available</td>
</tr>
</tbody>
</table>

All decisions/instructions issued hitherto shall stand modified upon implementation of this scheme w.e.f. 1/4/2006.

There shall be a designated Nodal Officer for each State/UT who will be empowered for reference to other approved hospital in case the facility is not available in ESI hospitals. The communication in this regard shall follow shortly.
The reimbursement will be restricted to the rates approved by E.S.I.C./State Govt./CGHS/CS(MA) Rules, whichever is lower or applicable. The cases where contingencies have arisen on or before 31.03.2006 shall be regulated in accordance with the instructions in force prior to 1/4/2006. Reimbursement claims already decided shall not be reopened.

A copy of the scheme is sent herewith the request to bring the contents of the scheme to the notice of all concerned.

Encl:- E.S.I.C. Pensioners’ Medical Scheme

(S.K. Sinha)
JT. DIRECTOR
For Director General

To
All Regional Directors/Joint Directors Incharge
D(M)/D(M)Noida/SSMC/Medical Superintendents of E.S.I.C. Hospitals/ODCs/JS(Fin.)/Accounts Branch-III, Hqrs.


**Annexure-2**

**Specialised Hospitals for Arthritis and Osteoporosis**

- **Shalby Hospitals**  
  Opp. Karnavati Club, S G Road  
  Ahmedabad - 380015  
  Gujarat  
  Tel: +91-79-40203000  
  Fax: +91-79-40203109  
  Email: info@shalby.org

- **Shalby Clinic**  
  11, New Moon Light Coop. Housing Society  
  Nr. Vishal Hall  
  Sir. M.V. Road  
  Andheri (E), Mumbai - 400069  
  M: +91-9321643030, +91-9714699778

- **Sancheti Institute**  
  16, Shivaji Nagar, Pune - 411005  
  Maharashtra  
  Tel: +91-20-25533333, 25533434, 25536666, 25539999  
  Fax: +91-20-25533233  
  Email: sanchetihospital@eth.net; parag@sanchetihospital.org  
  Emergency Care 24X7: 105757

- **Samvedana Pain Hospital**  
  B-206A, Sector 48, NOIDA  
  Uttar Pradesh  
  Tel: +91-9313370209  
  Text: +91-9899931900 (India)  
  Email: samvedana@samvedana.org

- **Sir Ganga Ram Hospital**  
  Rajinder Nagar, New Delhi 110060  
  Tel: +91-11-25750000  
  Fax: +91-11-25861002  
  Email: gangaram@sgrh.com

**Specialised Care Centre for Mental Illness**

- **NIMHANS**  
  Hosur Road, Bangalore - 560029  
  Telephone: +91-80-26995001/5002, 26564140, 26561811, 26565822  
  Fax: +91-80-26564830

**Specialised Heart Hospitals**

- **All India Institute of Medical Sciences**  
  Ansari Nagar, New Delhi
Tel: + 91-11-26588500, 26588900, 26588700

**ALLMS Helplines**
Casualty No.: + 91-11-26594404, 26861698 (round the clock)
AIDS (Shubhchintak): + 91-11-26588333 (10.00 am to 5.00 pm Monday to Friday)
ORBO (Organ Retrieval Banking Organisation): 1060, + 91-11-26588402, 26588663
Poison Information Centre: + 91-11-26593677, 26589391, 26583282 (round the clock)
Eye Donation (National Eye Bank): + 91-11-26588500, 26588700 (Ext: 3062, 3063), 265894761

- **Escorts Heart Institute and Research Centre**
  Okhla Road, New Delhi - 110 025
  Tel: + 91-11-47135000
  Fax: + 91-11-26825013
  email: contact@ehirc.com
  Emergency Call 011-10501, + 91-11-26825002, 26825003

- **Apollo Hospitals**
  No. 21, Greams Lane
  Off. Greams Road
  Chennai - 600 006
  Tel: + 91-44-2829 0200, 2829 3333
  Fax: + 91-44-28294429
  Email: enquiry@apollohospitals.com This e-mail address is being protected from spambots. You need JavaScript enabled to view it
  Useful Telephone Numbers
  Board Number: + 91-44-28290200, 2829 3333
  Emergency: 1066/ + 91-44-2829 0792
  Helpdesk: + 91-44-2829 6022
  Blood Bank: + 91-44-2829 4870
  Preventive Health Checkup: + 91-44-28296633, 28296655
  Director of Medical Services: + 91-44-28291358
  PRO: + 91-44-2829 6660
  International Patients: + 91-44-2829 6569

**Apollo Specialty Hospital**
320, Anna Salai, Chennai - 600 035
Email: apollospeciality@apollohospitals.com

- **Apollo First Med Hospitals**
  154, Poonamallee High Road
  Kilpauk, Chennai-600010
  Tel: 91-44-28211111

- **Wockhardt Heart Hospitals**
  Helplines for International Queries
  UK Toll Free: 0-808-234-6343
US Canada Toll Free: 1-800-730-6373
Rest of the World: +91-9819015749

Wockhardt Super Specialty Hospital
154/9, Bannerghatta Road
Opp. IIM-B, Bangalore - 560 076
Tel: 91-80- 66214444, 22544444
Email:enquiries@wockhardthospitals.net

Wockhardt Hospital
Mulund Goregaon Link Road, Mumbai 400078
Tel No.: +91-22-67994444, 25664488

Wockhardt Heart Care
27, Corporation Colony, North Ambazari Road
Nagpur-440 010
Tel: +91-712- 2248444, 6534444.
Email: enquiries@wockhardthospitals.net

Kamineni Wockhardt Heart Care
D. No. 4-1-1227, King Koti Road
Abids, Hyderabad- 500 001
Andhra Pradesh
Tel: +91-40-66924444
Email: enquiries@wockhardthospitals.net

Wockhardt Hospital & Kidney Institute
111A, Rash Behari Avenue
Kolkata - 700029
Tel: +91-33-24633318, 24633319, 24633320
Email: enquiries@wockhardthospitals

NM Virani Wockhardt Hospital
Kalawad Road
Rajkot- 360 007
Tel: +91-281-6694444
Fax: +91-281-6694242
Email:enquiries@wockhardthospitals.net

Adventist Wockhardt Heart Care
Opp. Athwa Petropump Lane
Chowpati, Surat-395 001
Tel: + 91-261-669 4444
Fax: + 91-261-669 4242
Email:enquiries@wockhardthospitals.net

Wockhardt Hospital
Plot No. 1139
Sir Pattani Road
Near Meghani Circle
Bhavnagar - 364 001
Tel: +91-278-6644444  
Fax: +91-278-6644242  
Email: enquiries@wockhardthospitals

Wockhardt Hospital  
Wani House, Wadala Naka  
New Mumbai Agra Road  
Nasik-422001  
Email: enquiries@wockhardthospitals.net

• Sri Jayadeva Institute of Cardiology  
Jayanagar 9th Block, Bannerghatta Road  
Bangalore - 560 069  
Ambulance Service 1051  
Emergency No : +91-80-2297-7202 (24 Hours)  
General No: +91-80-22977400, 22977500, 22977600  
Email: info@jayadevacardiology.com

Specialised Cancer Hospitals

• Jawaharlal Nehru Cancer Hospital and Research Centre  
Idgah Hills, P.B. No. 32, Bhopal - 462 001  
Madhya Pradesh  
Tel: +91-755-2665720, 2666374, 4255680, 4255682  
Fax: +91-755-2738 325  
Email: jncancer@airtelmail.in; jncancer@sancharnet.in

• The Gujarat Cancer and Research Institute  
The Gujarat Cancer Society  
Civil Hospital Campus, Asarwa  
Ahmedabad-380 016.  
Gujarat  
Tel: +91-79-2268 8000  
Fax: +91-79-2268 5490  
Email: gcriad1@bsnl.in  
Website: http://www.cancerindia.org

• Indian Cancer Society  
Lady Ratan Tata Medical & Research Centre  
M. Karve Road, Cooperage  
Mumbai - 400021  
Tel: +91-22-2202 9941, 2202 9942  
Fax: +91-22-2287 2745  
E-mail: info@indiancancersociety.org

• Kailash Cancer Hospital and Research Centre  
Dr. Vikram P. Patel  
Muni Sevashram, Goraj  
Tel: +91-2668-68004, 68010  
Dr. Rajiv Bhatt
Vadodara
Tel: +91-265-310668, 313017

Mr. Gopal Popat, Asian Foundation for help
England
Tel: 0044-181-421-4265

Dr. Bansi & Sumati Shah
USA
Tel: 001-336-768-7945

Mr. Gitubhai Parikh
Canada
Tel: 001-416-635-8025

Smt. Leelaben S. Patel
Nairobi
Tel: 00254-2-581695

Mr. Mukeshbhai Shah
Dubai
Tel: 00971-4-3525243

Mr. Bharat Asher
Muscat
Tel: 00968-713269

• MNJ Institute of Oncology
Regional Cancer Center
Red Hills, Lakadikapul
Hyderabad 500004
Tel: +91-40-23318414, 23318422, 23318424
Fax: +91-40-23314063
Email: directormnj@ap.nic.in

• Apollo Cancer Hospital
The Apollo Health City
Tel: +91-40 23548888, 23607777
Toll Free: 1800-345-1066
In case of emergency dial 1066 from any fixed or mobile phone
Email: apollohealthcity@apollohospitals.com

• Bangalore Institute of Oncology
Bangalore Institute of Oncology
No 44-45/2, 2nd Cross,
Raja Rammohan Roy Extension
(Off. Lalbagh Double Road),
Bangalore – 560 027
Tel: +91-80-40206400
Fax: +91-80-22483380
Bangalore Institute of Oncology Speciality Centre
HCG Towers, #8, P. Kalinga Rao Road,
Sampangi Ram Nagar,
Bangalore – 560 027
Tel: +91-80-40206000-40206010
Toll Free: 1800-102-6626 (Airtel)
Toll Free: 1800-425-6626 (BSNL)
Fax: +91-80-22485962

• Tata Memorial Hospital
  Dr. E Borges Road, Parel
  Mumbai - 400 012
  Tel: +91-22- 24177000, 24146750-55
  Fax: +91-22-24146937
  Email: info@tmcmail.org; tmcit1@vsnl.com

Specialised Hospitals for Kidney Problems

• Wockhardt Hospital and Kidney Institute (See details given above)

• National Kidney Hospital, Jalandhar
  Tel: +91-181-2440252, 5083883, 2272236, 2223252

• National Kidney Foundation
  FAD Centre
  Next to Parsi Gymkhana
  E Road
  Marine Drive
  Mumbai 400 002
  Tel: +91-22-22814892, 22817914
  Email: nkfsatnam@vsnl.net

Specialised Eye Hospitals

• AIIMS (See details given above)

• Wockhardt Eye Hospital, Mumbai (See details given above)

• Sankara Nethralaya
  Main Campus
  No. 18, College Road
  Nungambakkam
  Chennai - 600 006
  Tamil Nadu
  Tel: +91-44-28271616 (12 lines)
  Fax: +91-44-28254180
  Email: mrf@snmail.org, information@snmail.org
Jagadguru Kanchi Sri Chandrasekarendra
Saraswathi Nethra Nilayam (JKCN Complex)
No. 21, Pycrofts Garden Road
(off. Haddows Road)
Chennai - 600 006
Tamil Nadu
Tel: +91-44-28271616 (12 lines)
Fax: +91-44-28254180
Email: mrf@snmail.org

Sankara Nethralaya Super Speciality Clinic (SNSSC)
No. 29/8, Jayalakshmi Estates
Haddows Road
Chennai - 600 006
Tel: +91-44-42317593, 42059780, 43021029
Email: snssc@snmail.org

Sankara Nethralaya Bangalore (Cauvery Medical Center Campus)
No. 43/2, Bellary Road
NH 7 Sahakara Nagara
Bangalore - 560 092
Tel: +91-80-23622649, 23629116
Fax: +91-80-23622650
Email: snb@snmail.org

Sankara Nethralaya (R S Falor Hospital)
Goswami Mutt
No. 45, West Street
Rameswaram - 623 526
Tel: +91-4573-222004
Email: snr@snmail.org

Sankara Nethralaya
No. 147, Mukundapur Em By Pass
Kolkata-99
Near Purva Jadavpur Thana
Tel: +91-33-44013000
Email: snk@snmail.org

• Chaithanya Eye Hospital and Research Institute
Kesavadasapuram Jn.
Trivandrum - 695 004
Kerala, India
Tel: +91-471-2447183
Fax: +91-471-2443985

Chaithanya Eye Hospital & Research Institute
Ernakulam - 682 016
Kerala
Tel: +91-484-2357135
Fax: +91-484-2357098

• **Guru Nanak Eye Centre**
  Maharaja Ranjit Singh Marg
  New Delhi-110002
  (Situated near to flyover connecting Connaught Place to Turkman Gate.
  It is 1km from New Delhi Railway Station and 0.5 km from Delhi Gate
  next to GB Pant Hospital)

• **Aravind Eye Hospital**
  1, Anna Nagar
  Madurai - 625 020
  Tamil Nadu
  Tel: +91-452-435 6100
  Fax: +91-452-253 0984
  Email: aravind@aravind.org

Aravind Eye Hospital
Periyakulam Road
Theni - 626 531
Tamil Nadu
Tel: +91-4546-252658, 253258
Email: aetheni@aravind.org

Aravind Eye Hospital
Swamy Nellaiappar High Road
Tirunelveli Junction - 627 001
Tamil Nadu
Tel: +91-462-2337103
Fax: +91-462-2331633
Email: info@tvl.aravind.org

Aravind Eye Hospital
Avinashi Road
Coimbatore - 641 014
Tamil Nadu
Tel: +91-422-436 0400
Fax: +91-422-259 3030
Email: info@cbe.aravind.org

Aravind Eye Hospital
Cuddalore Main Road
Thavalakuppam
Puducherry - 605 007
Tel: +91-413-2619100-04 (5 lines)
Fax: +91-413-2618848
Email: aravind@pondy.aravind.org

Lions Aravind Institute of Community Ophthalmology
72, Kuruvikaran Salai
Gandhi Nagar
Madurai - 625 020
Tamil Nadu
Tel: +91-452-4356500
Fax: +91-452-2530984
Email: webinfo@aravind.org

Aurolab
No: 1, Sivagangai Main Road
Veerapanjan, Madurai - 625 020
Tamil Nadu
Tel : +91-452 -2446100
Fax : +91-452-2446200
Email: sales@aurolab.com

Rotary-Aravind International Eye Bank
1, Anna Nagar
Madurai- 625 020
Tamil Nadu
Tel: +91-452-535 6100
Fax: +91-452- 253 0984
Email: eyebank@aravind.org

Managed Eye Care Hospitals

Priyamvada Birla Aravind Eye Hospital
10, Loudon Street
Next to Belle Vue Clinic
Kolkata-700017
Tel: +91-33-22894343

Indira Gandhi Eye Hospital & Research Centre
P.O. HAL Korwa, Munshiganj
Amethi
Sultanpur District
Uttar Pradesh

Indira Gandhi Eye Hospital & Research Centre
1, B.N.Road
Qaiserbagh, Lucknow
Uttar Pradesh
Tel: +91-522-2627631, 2627641

Sudarshan Netralaya
Bagvati Chowk
Manekpara
Amreli - 365 601
Gujarat

A kind gesture by someone like you can actually cure a Cancer Patient.

Early detection and screening has cured many of the dreadful disease called cancer. Every moment of a cancer patient’s life is one of relentless pain. Searching seconds stretch into minutes... hours... days... pain grips their life like Chhota Devi, 63 years. She suffered from low back ache off and on for a whole one year and had difficulty in passing urine. She had lost hope and resigned to relentless suffering. When with the persuasion and care she was referred to a HelpAge India designated cancer hospital, hope revived and with it a will to survive cancer.

HelpAge India supports poor elderly cancer patients like Chhota Devi through its project for early detection of cancer by adopting a proven and tested procedures for screening people. We also support a few designated cancer hospitals, where the suspected case can be referred.

Chhota Devi’s pain and suffering could be relieved with a simple donation by some one like you. But there are many more Chhota Devi who need your help and support.

You can help us reach out to more such unfortunate ones by contributing a small sum of Rs. 1500/- which would cater to the requirements of one patient for a whole month.

A small contribution from you can vastly improve the last days of our less fortunate elderly. You may not remember that you donated for this noble cause, but the cancer patient who will benefit from your largesse will bless you forever.

All contributions to HelpAge India are 100% Tax Exempt under section 35AC and 80GGA of Income Tax Act, 1961 for projects covering medical care to old persons, leprosy and cancer patients, provision of homes to old persons, rehabilitation of old women and conducting eye camps.

Yes, I would like to relieve the pain of a terminally ill cancer patient. Please accept my contribution of:

☐ Rs. 3000  ☐ Rs. 4500  ☐ Rs. 6000  ☐ Others Rs. ..................................................

Cheque/DD No. .......................................................................................... Date..................................... in favour of HelpAge India

Name...........................................................................................................Address..........................................................

........................................................................................................................Tel..........................................................

PAN No...........................................Date Of Birth...........................................E-mail..................................................

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Name of Card........................................ Valid upto.......................... Card holder’s Signature .............................................

CVV No. (Last three digits of the number at the back side of your credit card)............................................................................. (for Diners Card Only)

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For online donation please visit our website www.helpageindia.org

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C-14, Qutab Institutional Area, New Delhi 110 016 Tel. 011-41688955-56, 42030400 Fax:011-26852916

E-mail : headoffice@helpageindia.org, Website : www.helpageindia.org
Mission
To work for the cause and care of disadvantaged aged persons and to improve their quality of life

Aims and Objectives
To deliver Age Care directly through strategic partnership in India
To deliver Health Care to senior citizens directly in a mix of rural: urban (75:25)
To design and implement innovative age care programme in emerging areas of need for aged and influence and leverage mainstream resources
To advocate on issues relating to 100 million elderly persons in the country and their rights and entitlements

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