

BENEFITS AVAILABLE UNDER DCMAF

Benefits available under the DCMAF are of three categories namely, ALLOWANCES, FINANCIAL ASSISTANCE AND EX-GRATIA GRANT

Details of "Eligibility, amount of benefit available and Documents" required for claiming the benefits are given hereunder, for the information of the employees.

ALLOWANCES

- 01 Name: Nutritious Diet Allowances for TB
- Eligibility: Members and / or their dependents
- Benefit: *Rs. 1,000/- per month (in case of members and their dependents up to two years)
- Documents required: The following documents are required: -
- (i) A fresh and detailed medical report of the patient in Form-5A duly completed in all respects by the competent medical authority.
 - (ii) The latest X-ray film of the patient (not more than six months old duly supported by the Radiologist's Report).
 - (iii) Blood and sputum report from Lab.
- 02 Name: Nutritious Diet Allowances for Leprosy
- Eligibility: Members and / or their dependents
- Benefit: *Rs. 1,000/- per month (in case of members and their dependents up to two years)
- Documents required: The following documents are required: -
- (i) A fresh and detailed medical report of the patient in Form-5B duly completed in all respects by the competent medical authority.
 - (ii) Biopsy report issued by the Lab.
- 03 Name: Nutritious Diet Allowances for Cancer
- Eligibility: Members and / or their dependents
- Benefit: *Rs. 1,500/- per month (in case of members and their dependents up to five years)
- Documents required: The following documents are required: -

(i) A fresh and detailed medical report of the patient in Form-5C duly completed in all respects by the competent medical authority.

(ii) Copy of Biopsy/Histopathology/FNAC report as the case may be duly attested.

04 Name: Nutritious Diet Allowances for Burn Injuries

Eligibility: Members and / or their dependents

Benefit: *Rs. 150/- per week (for burn injuries) up to 12 weeks.

Documents required: The following documents are required: -

(i) In case of Burn injuries (second degree and above which are more than 10 percent admitted in hospitals for treatment), the application shall be submitted in Form-9 along with a certificate from competent Medical Authority Stating percentage of Burns when admitted in hospital and period of further treatment required.

05 Name: Nutritious Diet Allowances for Anemia During Pregnancy

Eligibility: Members and / or wife of the male member

Benefit: *Rs. 800/- per month (in case of members and spouses of male members suffering from severe anemia during pregnancy)

Documents required: The following documents are required: -

(i) In case of Anemia During Pregnancy the application in Form-5D duly completed in all respects along with latest hemoglobin report.

(ii) Attested copy of the advice of the authorized Gynecologist / AMA referring the patient for blood test.

(iii) Blood report duly countersigned by the same Gynecologist / AMA who advise blood test.

Note: - The request for financial assistance for Anemia during Pregnancy for self/spouse should be submitted by the member before the date of delivery. Any request submitted to the Unit/Establishment by the members after date of delivery will be treated as time barred and will not be entertained by DCMAF.

06 Name: Nutritious Diet Allowances for Lactating Mother

Eligibility: Female Members and / or wife of Male member

Benefit: *Rs. 800/- per month (Lactating female members and spouses of the male members of the fund for four months from the date of delivery)

Documents required: The following documents are required: -

(i) The application in Form-5D will be submitted duly completed in all respects along with duly attested copy of date of birth certificate from Municipality/local body of the new born baby with hospital's discharge note/slip.

Note: - The request for financial assistance for lactating mother for self/spouse should be submitted by the members within one year from the date of delivery. Any request submitted to the Unit/Establishment by the members after date of delivery will be treated as time barred and will not be entertained by DCMAF.

07 Name: After Care Allowance
Eligibility: Members and / or their dependents
Benefit: *Rs. 1,500/- per month for Cancer. Rs. 800/- per month for TB/Leprosy.

Documents required: The following documents are required: -

(i) In the case of After Care Allowance, the application has to be made in Form-4 duly completed in all respects along with duly attested copy of the fitness certificate within a period of three months from that date on which the patient was declared medically fit for normal duties or work. Application made after three months from the date of fitness certificate may not be considered for the benefit.

08 Name: Subsistence Allowance
Eligibility: Members of employees only
Benefit: (a) Rs. 100/- per day (If member patient remains on leave without pay and allowance due to TP & Leprosy) up to 06 months. In cancer cases there is no time limit.

(b) Rs. 100/- per day (If member patient remains on leave without pay and allowance due to paralytic stroke) up to 06 months.

(c) Rs. 100/- per day (If member patient remains on leave without pay and allowance due to accidental injury) up to 06 months.

Documents required: The following documents are required: -

(i) In the case of subsistence Allowance, the application shall be submitted in Form-7 in duplicate along with Part-II order notifying leave without pay and allowance granted to the member patient on medical certificate.

09 Name: Dialysis Allowance
Eligibility: Members and / or their dependents
Benefit: *Rs. 1,000/- per month (In case the members and / or their dependents are suffering from chronic renal disease and are on dialysis) up to 05 years.

Documents required: The following documents are required: -

(i) In the case of Chronic Renal disease, the application shall be submitted in Form-5E duly completed in all respects along with certificate from the competent medical authority with diagnosis and clinical findings.

(ii) Each application should be supported by duly competed and fresh medical reports on the patient in the prescribed forms.

(iii) The medical reports should be completed and authenticated in all respects by one of the following medical authorities.

- (a) Medical Officer of a Govt. / Govt. Recognized hospital.
- (b) Medical specialist of the Armed Forces.
- (c) Authorized Medical attendant of establishment.
- (d) Officer of an Ordnance factory Hospital.

FINANCIAL ASSISTANCE

- 10 Name: Major Operations/Surgery
- Eligibility: Members and / or their dependents
- Benefit:
- (a) Coronary By-pass Surgery/valve Replacement/Implantation of Pace-Makers/Renal Transplantation/Joint Replacement with Surgery, and implantation of stents- Reimbursement up to Rs. 15,000/-.
 - (b) Reimbursement of the cost of procuring blood as and when required for transfusion in various ailments including leukemia and bone marrow transplantation @ Rs. 600/- per transfusion.
 - (c) Cataract Operation with Implantation of Intra-Ocular Lane up to Rs. 5,000/- from the non-reimbursed amount.
 - (d) Hearing Aid up to Rs. 1,500/-.
 - (e) Purchase of Crutches. (As per the rates fixed by the ALIMCO, Kanpur)
 - (f) Purchase of support shoes. (As per the rates fixed by the ALIMCO, Kanpur)
 - (g) Purchase of support shoes (Calipers) up to Rs. 2,000/-.
 - (h) Purchase of Neck Band for Cervical Sodalities up to Rs. 1,000/-.
 - (j) Purchase of Tricycle for Physically Handicapped up to Rs. 5,000/-.

Documents Required: The following documents are required: -

(iv) In the case of Major Operations/Surgery, the Application shall be submitted in Form-9 duly completed by a medical specialist/cardiologist or cardiac surgeon/an

orthopedist (as the case may be) attached to a Govt. Govt. Recognized Hospital including an Ordnance Factory Hospital.

(v) Case profile of the patient.

(vi) Original/attested copy of the Cash Memo in case of IOL, Hearing Aids etc.

(vii) Copy of final payment order from CDA, where partial reimbursement has been made by the Govt. under CGHS/CSMA Rules.

Ex-Gratia Grant

11 Name: Ex-Gratia Grant

Eligibility: In case a member-employee dies in an accident.

Benefit: *Rs. 50,000/- to the family of the member patient if he/she dies due to an accident. (This benefit is available to only Full service Members of the Fund and or to those Annual Members who have remained Member of the Fund consecutively for ten years on the date of their death)

Documents required: The following documents are required: -

(i) The application shall be submitted by the widow/legal heir of the member-employee in Form-10 duly completed by an AMA of the Estts/MO of Govt. Recognized Hospital/Medical Specialist of Armed Force/Medical Officer of an Ordnance Factory/Authorized Officer of Municipality/Local Body.

(ii) Attested copy of postmortem report.

(iii) Attested copy of FIR lodged.

(iv) Attested copy of death Certificate.

(v) Attested copy of Ration Card/Index Card.

(vi) Original Membership Card issued to the deceased member by the Fund.

12 Name: Ex-Gratia Grant (In case a member patient Dies due to TB, Cancer, Leprosy & Heart Ailment)

Eligibility: Members only.

Benefit: *Rs. 20,000/- to the family (If member patient dies due to TB, Cancer * Leprosy. Rs. 20,000/- will also be paid to the family as ex-gratia grant if the member patient dies due to ailment, provided he had obtained assistance for heart ailment earlier).

Documents required: The following documents are required: -

(i) In case a member patient dies due to TB, Cancer, Leprosy & Heart Ailment the application shall be submitted by the widow/legal heir in Form-8 duly completed by an

AMA of the Estts/mo of Govt. Recognized Hospital/Medical Specialist of Armed Force/Medical Officer of an Ordnance Factory Hospital/Authorized Officer of Municipality/Local Body.

(ii) A duly attested copy of death Certificate.

(iii) A duly attested copy of Radiologist's/Histopathology/FNAC case of TB/Cancer/Leprosy if Nutritious Diet Allowance was not availed.

(iv) Original Membership Card issued to the deceased member by the Fund.

(v) If member patient dies due to heart ailment confirmation weather member patient had availed assistance for heart ailment earlier , along with DCMAF file number.

13 Name: Ex-Gratia Grant (For Loss of Limbs/Eyes of member patient in an Accident)

Eligibility: Member only.

Benefit: *Rs. 15,000/- in case of loss of two limbs/eyes or more of the member patient due to an accident.

*Rs. 10,000/- in case of loss of one limb/eye of the member patient due to an accident.

Documents required: The following documents are required: -

(i) In case a member patient meet with an accident and sustains loss of Limbs/Eyes then he has to submit application in Form-9 duly completed by AMA of the Establishment/MO of Govt. recognized Hospital/Medical Specialist of Armed Forces/Medical Officer of an Ordnance Factory Hospital/Authorized Officer of Municipality/Local Body along with case profile.

***Benefits revised with effect from 01 Apr 2009**

Note: The employees are advised to contact the Office of DLWC at Phone No. 6715/6752 for further details, before they submit claim application.