

Public Administration Circular No. 12/2005(i)

My No. අ 7/4/1/22

Ministry of Public Administration
and Home Affairs,
Independence Square,
Colombo 07.
22nd July, 2005.

Ministry Secretaries,
Chief Secretaries of Provincial Councils and
Heads of Departments,

**Establishment of a new Insurance Scheme (Agrahara) for
Public Officers as proposed in the 2005 Budget**

Your attention is drawn to Public Administration Circular No. 12/2005 dated 18.05.2005 on the above subject and the following amendments and additions will be made effective from 01.01.2005.

02. Paragraph No. 04 of the above Circular is re-numbered as 04.1 and the following are included now as II and III.

II. According to Annex I hereto, applications for registration under the new Insurance Scheme (Agrahara) for Public Officers should be forwarded before 31.08.2005 by all Public Officers to the Sri Lanka Insurance Corporation Ltd. through the Heads of their Departments.

III. New entrants to the Public Service as well should duly perfect the application for membership in the Insurance Scheme for Public Officers and forward the same to the Sri Lanka Insurance Corporation Ltd. through the Heads of their Departments together with a copy of the letter conforming the assumption on duty.

03. Paragraph 7 of the above Circular is re-numbered and amended as follows

i. The Head of the Departments should be informed within 07 days of hospitalization or the occurrence an accident or a natural death. All the relevant bills both medical and hospital charges should be attached to the claims and forwarded to Head Office of the Sri Lanka Insurance Corporation Ltd. within a month through the Head of the Department.

Address:- Manager,
Public Service Insurance Department,
Sri Lanka Insurance Corporation Ltd.,
No. 21, Vauxhall Street,
Colombo 02.

- ii. When claiming Insurance dues for spectacles original copies of receipt for money paid as consultation fees to the Doctors (Channel receipt) and the receipt for the purchase of spectacles (receipt with rubber seal) should be forwarded to the Insurance Corporation.
- iii. When claiming for indoor treatment copy of the Diagnosis Card certified by Heads of the Institutions, originals of all receipts (rubber stamped certified payments) medical recommendations regarding medicine obtained and tests carried out with receipts outside the hospital, during the hospital stay should be forwarded.

When taking treatment in a private hospital the part to be perfected by the Doctor in the application for Agrahara benefits as shown in annex 11 should be completed and forwarded.

- IV. Action should be taken by the Sri Lanka Insurance Corporation Ltd to settle the claims within 10 working days.
- V. If the patient is receiving indoor treatment in a Hospital, a message should be given to one of the following telephone Nos. without fail before he is brought back home.

011 - 2357357
071 - 2357357
077 - 3257357
072 - 2357357

- VI. When making an application for benefits for the first time a recent photograph of passport size certified by the Head of the Department should be forwarded to the Sri Lanka Insurance Corporation Ltd.
- VII. The application for Insurance entitlements should be forwarded before the due date, as shown Annex II. The relevant entitlements will be re-imbursed direct to the applicant by the Sri Lanka Insurance Corporation Ltd. When making such payments a copy of the covering letter should be forwarded to the Director General of the Budget.

04. No. IV is added as follows under paragraph 08

IV. The following establishments have been named as Institutions not recognized by the Sri Lanka Insurance Corporation Ltd. in connection with entitlements to Medical Insurance benefit and therefore bills issued by these Institutions will not be reimbursed by the Sri Lanka Insurance Corporation Ltd.

1. Kolonnawa Nursing Home.
2. Nugegoda Nursing Home.
3. Borella Private Hospital.
4. Rajagiriya Nursing Home Pvt. Ltd.

05. According to Part III of the annex I to the Circulars for the purpose of debt cover a perfected copy of the Debt Redemption Cover in respect of all loans including vehicle loan which require guarantors except Property and Housing Property Loans obtained by Public Officers under Chapter XXIV of the Establishments Code should be forwarded to the Sri Lanka Insurance Corporation Ltd through the Heads of the Departments. Likewise the second copy should be given to the debtor. The third copy should be filed of record in the loan file.

Sgd./ D. Dissanayake
Secretary
Ministry of Public Administration and
Home Affairs.

12 Civil Status):- Married Unmarried

13 If Married Name of Spouse):-

Age):- Date of Birth):-

14 Work Place (Department / Institute) of the Spouse):-

15 Name of the Unemployed Children (below 21 Yrs) Age Date of Birth

I.	<input type="text"/>	<input type="text"/>	<input type="text"/>
II.	<input type="text"/>	<input type="text"/>	<input type="text"/>
III.	<input type="text"/>	<input type="text"/>	<input type="text"/>
IV.	<input type="text"/>	<input type="text"/>	<input type="text"/>
V.	<input type="text"/>	<input type="text"/>	<input type="text"/>
VI.	<input type="text"/>	<input type="text"/>	<input type="text"/>
VII.	<input type="text"/>	<input type="text"/>	<input type="text"/>

16 If Unmarried and the parents are below 70 yrs

I. Fathers Name	Age	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
II. Mothers Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
III. Father and Mother depend on you. If yes from what date		<input type="text"/>

17 Are you & Dependents in good health? If not Give details):-

I here by certify that the above statement is true and accurate

.....
Signature of the Applicant
 Date.....

.....
Name & signature of the Head of Department
On Company / Department stamp



ඇමුණුම : II

Sri Lanka Insurance

රාජ්‍ය සේවක රක්ෂණ දෙපාර්තමේන්තුව
PUBLIC SERVANTS INSURANCE DEPARTMENT
21, VAUXHALL STREET, COLOMBO - 02

Hot Line : 011- 2357357 / 2357000

ජා.හැ.අංකය :
Identity Card No.:

AGRAHARA@INSURANCE FOR SURGICAL AND HOSPITAL EXPENSES - CLAIM FORM

සැසඳු: සියළුම ප්‍රශ්න වලට පිළිතුරු සැපයීම අනිවාර්යවේ.
N.B. : All questions should be answered

ආරක්ෂණ මජය අංකය :
Insurance Policy No : PSI/AI

හිමිකම් අංකය :
Claim No : AC/

රක්ෂිතය :-

01. නම (සම්පූර්ණයෙන්) :-
Name (In full) :-
02. උපන් දිනය :-
Date of birth :-
03. 1 පුද්ගලික ලිපිනය :-
Private Address :-
- 11 රැකියාව කරන ස්ථානයේ ලිපිනය :-
Address of Working place :-
- 111 වර්තමාන සේවා ස්ථානයට මාරුවක් ලැබූ පැමිණියේ නම්, කලින් සේවය කල ස්ථානය හා පැමිණි දිනය
If on a transfer to present place of employment, date reported to the same place and previous place of work :-
04. ස්වාමීන්වරුන්/බිරිඳ රැකියාවක නියුතුව සිටින්නේද යන වග හා ඇයගේ/ ඔහුගේ නම, රැකියාව කරන ස්ථානය :-
If spouse is employed, his/her name and place of employment :-
05. හිමිකම් ඉල්ලුම් කරන්නේ කා වෙනුවෙන්ද යන වග (ඉන්ද්‍රිය සම්බන්ධය):-
On behalf of whom the claim is being made ? (Relationship) :-
- 1 ඔහුගේ / ඇයගේ නම :-
His / her name :-
- 11 උපන් දිනය :-
Date of birth :-
- වයස :-
Age :-

අසනීපය /හදිසි අනතුර සම්බන්ධයෙන් පහත විස්තර සඳහන් කරන්න **STATE BELOW DETAILS WITH REGARD TO THE SICKNESS /ACCIDENT CAUSED :**

- 01 අසනීපය වැලඳුන /හදිසි අනතුර සිදු වූ දිනය:
Date of commencement of the illness / met with the accident :-
- 02 අසනීපයේ ස්වභාවය / හදිසි අනතුර නිසා හටගත් තුවාලවල ස්වභාවය :
Nature of illness / Nature of injuries sustained due to accident :-

සාමාන්‍ය තොරතුරු :

General Informations :

- 01 අනතුරුමය ආබාධ හෝ අසනීප සඳහා ඔබ ප්‍රතිකාර කරන හෝ කල වෛද්‍යවරයාගේ නම හා ලිපිනය සඳහන් කරන්න. රෝහලකින් නම් එහි නම ද සඳහන් කරන්න :
Give the name and address of the Medical practitioner who is or has been attending on you, for this illness or injury, Name of Hospital concerned if any :
- 02 ඔබට මීට පෙර කවර කලකදී හෝ මෙම රෝගය වැලඳී තිබුනේද ? එසේ නම් විස්තර සඳහන් කරන්න :
Have you ever had the same illness before ? If so, give particulars :
- 03 ඔබ මීට පෙර හිමිකම් ලබා තිබේද ? එසේ නම් හිමිකම් අංකය සඳහන් කරන්න :
Claim number if there had been any claim made before :

04 ඔබ හිමිකම ඉදිරිපත් කරන්නේ ඇස් කණ්ණාඩි සඳහා නම් ,පහත දැක්වා ඇති විස්තර සඳහන් කරන්න
If the claim is made for reimbursement of expenses on spectacles, please give following details

1. මීට පෙර ඇස් කණ්ණාඩි සඳහා හිමිකම් ලබා ගෙන ඇත්ද : ඔව් / නැත .
Have you obtained a claim for spectacles : Yes / No .
2. හිමිකම් ලබා ගෙන ඇත්නම්, ටර්ෂය සඳහන් කරන්න :
If so , year of the claim made :

05 දින 14 ක් ඉක්මවා අඛණ්ඩව තේවාසික ප්‍රතිකාර ලබා ගත්තේ නම් ආයතන ප්‍රධානියා ලවා සහතික කරන ලද නිවාඩු විස්තර ටාර්තාවක් ඉදිරිපත් කරන්න :
If stayed in the hospital continuously exceeding 14 days furnish details of leave obtained, certified by head of department :

06 මෙම හිමිකම සඳහා ඔබගේ කලත්‍රයා මෙම ආයතනයෙන් හෝ වෙනත් රක්ෂණ සමාගමකින් හිමිකම් ඉල්ලා තිබේද ? එසේ නම් විස්තර ඉදිරිපත් කරන්න :
Has there been any other claim made by your spouse either with this company or with any other insurer with regard to this claim, if so give details :

**හිමිකම් මුදල් :
Claim Amount**

අපේක්ෂිත හිමිකම් මුදල : රු:.....
Expected claim amount:

	රු: Rs.	ගන Ce
පොද්ගලික රෝහල් ගාස්තු බිල්පත් Nursing Home expenses		
රජයේ රෝහලේ තේවාසිකව සිටි දින ගණන x රු: 500/=		
Period of stay in Government Hospital Rs.500 x(No. of days)		
ඇස්කණ්ණාඩි බිල්පත් Spectacles bills		
වෙනත්/other		
මුළු එකතුව- Total		

මා ඉහත විස්තර කළ අනතුරුමය ආබාධයන්ගෙන් / අසනීපයෙන් පෙළෙන බව මෙයින් ප්‍රකාශ කරන අතර, ඒ වෙනුවෙන් මා විසින් දරන ලද වියදම් ඉහත සඳහන් වස්තුව යටතේ ප්‍රතිපූර්ණය කරන ලෙස මෙයින් ඉල්ලා සිටිමි.
ඉහත දැක්වෙන ප්‍රකාශ හා කරුණු සත්‍ය බවද මේ හිමිකම් ඉල්ලීම සම්බන්ධව කිසියම් වැදගත් තොරතුරක් මවිසින් නොසහතික ලද බවද සහතික කරමි. මෙම තොරතුරු අසත්‍ය බව තහවුරු වුවහොත් හිමිකම ප්‍රතික්ෂේප කිරීම ගැන මගේ විරුද්ධත්වයක් නොමැත.

I hereby declare that I, have sustained the injuries above described / was suffering from illness above described and I claim reimbursement under the above policy in respect thereof. I hereby warrant that the above statements and facts are true and that I have not withheld form the corporation any material information connected with this claim. I have no objection if the particulars given above are found to be incorrect and repudiation of the claim thereof.

.....
Signature / අත්සන

Date / දිනය :

ඉහත දැක්වා ඇති තොරතුරු නිවැරදි සහ සත්‍ය බව සහතික කරන අතර, හිමිකම වෙනුවෙන් නිකුත් කරනු ලබන චෙක්පත පහත ලිපිනයට යොමු කරන්න.

I certify that the above particulars are true and correct. Please send the claim cheque to following address.

වෙත්පත ලිවිය යුතු ආදායකයාගේ නම :

Name of the payee
හිඤ්චි අංකය : බැංකු සංකේතාංකය : ගබඩා සංකේතාංකය :
Account Number Bank Code Branch Code

බැංකුවේ නම සහලිපිනය :
Name and Address of the bank

දිනය :
Date

.....
ආයතන ප්‍රධානියාගේ අත්සන /Signature of Head of the Dept.
නිල මුද්‍රාව / Rubber Stamp

Deed No.

Debt Redemption Certificate No.

Date

.....
.....
.....

Dear Sir/Madam,

Loan Guarantee implemented for Public Officers

Name:

Institution:

With reference to your letter dated on the above subject.

Your kind attention is invited to Annex III to Circular No. 12/2005 issued by the Ministry of Public Administration with regard to Loan Guarantee.

"Loan Guarantee Cover" is granted subject to the following exceptions after examining the application of Mr./Mrs./Miss..... has made for a certificate of Loan Guarantee.

The amount of this loan should be made used for which a surety or sureties are required except property loan released by commercial banks.

01. Name of the Debtor.
02. National Identity Card No.
03. Amount of loan expected by the Debtor.
04. The total amount of the debt should not exceed Rupees Six Lakhs (Rs.600,000/-). No responsibility is extended for loans exceeding the above amount.
05. The Insurance Corporation of Sri Lanka holds responsibility on this Loan Guarantee Certificate Redemption Certificate issued under Deed No. AL... only if the applicant fails to repay the loan under the following circumstances.
 - (a) Where the debtor has died or loss of employment as a result of serious illness, on recommendation of a Medical Board or on becoming a victim to natural semi disability or complete disability.

- (b) Loan Guarantee Certificate Cover issued in favour of an officer ceases to be in force from the date of resignation, ~~from~~ the date of retirement, vacation of post or dismissal from post.
- (c) If the officer has agreed for the recovery of a part of the loan from his pension gratuity, the balance will be paid, after deducting same.
06. The period which the loan has to be repaid should not exceed 55 years, or 60 years if the service has been extended. Further the Sri Lanka Insurance Company holds itself responsible only till the relevant premium is paid without interruption.

The Sri Lanka Insurance Company does not undertake the responsibility to repay the loan if there has been any act inconsistent with the conditions or if there has been a breach of the above conditions.

Signature of the Head of the Institution

Office seal

Copy to:- Manager - Agrahara,
Department of Public Service Insurance,
Sri Lanka Insurance Company,
21, Vauxhall Street,
Colombo 02.