



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No: A.60011/30/2017/HRPC/129

Date: 13th April, 2020

The Regional Executive Director
Airports Authority of India
Northern/Western/Eastern/Southern/North-East Region
Delhi/Mumbai/Kolkata/Chennai/Guwahati

The Executive Director,
Airports Authority of India
RCDU/FIU, **New Delhi**

The Airport Director
Airports Authority of India
Kolkata/Chennai Airport

The Director,
Indian Aviation Academy,
New Delhi

The Principal,
Civil Aviation Training College (CATC),
Bamrauli, **Prayagraj**

The General Manager,
Airports Authority of India
CRSD/E&M Workshop,
New Delhi

Corporate HRM Circular No. 18 / 2020

Sub: Revised AAI Medical Policy – Retired Employees reg.

Further to CHRM No. 10/2019 dated 07.02.2019, CHRM No. 16/2019 dated 15.03.2019 and CHRM No. 37/2019 dated 20.06.2019 regarding Revised AAI Medical Policy, the following has been decided w.r.t. Retired AAI Employees amidst the National Lockdown:

- (i) **Life Certificate:** Duly filled and signed Life Certificate form may be sent through email to the respective office from where the retired employee is claiming the medical benefits and there is no need to get the life certificate signed by gazette officer for financial year 2020-21. (*copy of form enclosed*)
- (ii) **Scheme Option:** Duly filled and signed option form for Scheme 'A' or Scheme 'B' may be sent through email to the respective office from where the retired employee is claiming the medical benefits. Also, if any retired employee wants to change his option from scheme A to B and vice-versa, then this may also be exercised via email to the respective office for financial year 2020-21. (*copy of form enclosed*)
- (iii) Duly filled and signed quarterly payment form for Option 'B' for the quarter January to March 2020 may be sent through email to the respective office from where the retired employee is claiming the medical benefits, if the employee has opted for Option 'B' during Financial Year 2019-2020. (*copy of form enclosed*)

- (iv) If any retired employee is not having any email address or is unable to exercise the above options by email then, he can submit the above mentioned forms by **31st July, 2020** in the office from where he is claiming the medical benefits.
2. REDs/APDs may designate a nodal officer and share his email address with retired employees so that they can submit their life certificate, scheme option form and quarterly reimbursement form. This may be done on priority basis.
3. This issues with the approval of the competent authority.



(Sanjay Jain)
Executive Director (HR)

Distribution: -

- ❖ OSD to Chairman
- ❖ DGM (ES) to Member(HR)/Member(Ops)/Member(Plang)/Member(ANS)/Member (Fin)/CVO
- ❖ ED (HR-II) / All HoDs at CHQ / Operational Office / AAI Office Complex
- ❖ GM (HR)- KN/GB/ND/RKJ/MN
- ❖ GM (IT) for uploading on AAI Website
- ❖ General Secretary- AAEU
- ❖ General Secretary- ATC (Guild) /CNS Officers Guild/AAI Engg. Guild/IAAIOA/ AAI SC/ST Association/AAI SC/ST/OBC(NE) EWA.



Form- B

Airports Authority of India

Life Certificate & Option Form for Reimbursement of Medical Claim for Superannuated/Separated Employees (as per AAI retired Medical Scheme)

1.	Name of Employee			
2.	Employee Number			
3.	Designation at Superannuation/Separation			
4.	Department			
5.	Present Residential Address			
6.	Date of Superannuation /Separation (Retirement/Death etc.)			
7.	Phone Number			
8.	Email Address			
9.	PAN Number			
10.	Medical Reimbursement Option for Financial Year ()	<input type="checkbox"/> Scheme A	OR	<input type="checkbox"/> Scheme B
(Tick One Option)				
11.	Dependent List			
SNO	Name of Dependent	Relationship	Date of Birth	Whether PWD (yes/no)

1. I certify that I and my admissible dependents (if any) are alive as on date.
2. I certify that the information furnished above is true to the best of my knowledge and that no information has been misrepresented.

Date: _____

(Signature)

Place: _____

Name: _____

Note: In case of death of an employee the form shall be signed by his/her spouse/admissible dependent.



Form- D

Airports Authority of India

Quarterly Medical Reimbursement for Superannuated/Separated Employees (as per AAI retired Medical Scheme) on Self Certification (Those who have opted Scheme – B)

1.	Name of Employee						
2.	Employee Number						
3.	Designation at Superannuation/Separation (Retirement/Death etc.)						
4.	Date of Superannuation/ Separation (Retirement/Death etc.)						
5.	Period of Medical Claim (to be submitted at the end of each quarter)						
	Day	Month	Year	To	Day	Month	Year
Qtr 1	1 st	April		To	30 th	June	
Qtr 2	1 st	July		To	30 th	September	
Qtr 3	1 st	October		To	31 st	December	
Qtr 4	1 st	January		To	31 st	March	

1. This is certified that I had spent Rs _____ (Rupees _____) towards OPD treatment for myself and admissible dependents (if any) during the period mentioned above and the same has not be claimed from any other source.

Date: _____

(Signature)

Place: _____

Name: _____

Note: In case of death of an employee the form shall be signed by his/her spouse /admissible dependent.



Form- E

Airports Authority of India

Medical Reimbursement Form for Serving Employees and Superannuated/Separated Employees (as per AAI retired Medical Scheme) (Those who have opted Scheme –A)

1.	Name of Employee	
2.	Employee Number	
3.	Whether Serving or Superannuated/Separated (tick one option)	<input type="checkbox"/> Serving Employee OR <input type="checkbox"/> Superannuated/Separated Employee
4.	Residential address of Employee	
5.	Name & Age of the patient	
6.	Relationship with employee	
7.	Name & Address of the Doctor	
8.	Period of treatment	
9.	Details of Expenditure	
	Consultation Fee	
	Cost of Medicine	
	Other Charges (Pathological /Radiological test etc.)	
	Total Amount	

Certificate:

1. The particulars given above are true to the best of my knowledge and belief.
2. The patient for whom medical reimbursement is submitted has not be claimed from any other sources.
3. That the patient for whom medical reimbursement is submitted is wholly dependent on me.

Date: _____

(Signature)

Place: _____

Name: _____

Note:

1. Original bills/invoice need to be enclosed.
2. In case of death of an employee the form shall be signed by his/her spouse/admissible dependent.
3. Separate form shall be submitted for each treatment.



Form- F

Airports Authority of India

Medical Reimbursement Form in respect of Dental/Physiotherapy Charges for
Serving Employees and Superannuated/Separated Employees (as per AAI retired
Medical Scheme)

(Those who have opted either Scheme -A or Scheme-B)

1.	Name of Employee	
2.	Employee Number	
3.	Whether Serving or Superannuated/Separated (tick one option)	<input type="checkbox"/> Serving Employee OR <input type="checkbox"/> Superannuated/Separated Employee
4.	Residential address of Employee	
5.	Name & Age of the patient	
6.	Relationship with employee	
7.	Name & Address of the Doctor	
8.	Period of treatment	
9.	Details of treatment	
10.	Details of Expenditure towards Dental/Physiotherapy	
	Consultation Fee	
	Cost of Medicine/ Treatment	
	Total Amount	

Certificate:

1. The particulars given above are true to the best of my knowledge and belief.
2. The patient for whom medical reimbursement is submitted has not be claimed from any other sources.
3. That the patient for whom medical reimbursement is submitted is wholly dependent on me.

Date: _____

(Signature)

Place: _____

Name: _____

Note:

1. Original bills/invoice need to be enclosed.
2. In case of death of an employee the form shall be signed by his/her spouse/admissible dependent.
3. Separate form shall be submitted for each treatment.