



भारतीय विमानपत्तन प्राधिकरण AIRPORTS AUTHORITY OF INDIA

A.60011/30/2017/HRPC/Pt. 1/185

Dated: 08.04.2019

The Regional Executive Director
Airports Authority of India
Northern/Western/Eastern/Southern/NE Region
New 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, Allahabad

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

CHRM Circular No: 20 / 2019: Forms regarding revised AAI Medical Policy

Further to CHRM Circular No.10/2019 dated 07.02.2019 and CHRM Circular No. 16 /2019 dated 15.03.2019, the forms required for submission of option for medical reimbursement, life certificate and reimbursement of medical claim and reimbursement of Dental/ Physiotherapy charges has been revised for Serving employees as well as Superannuated/Separated employees (as per AAI retired Medical Scheme) and are enclosed as Form -A to F for uniformly implementation across all offices of AAI.

- **Form-A:** Option form for Reimbursement of Medical Claim for Serving Employees. To be submitted through Employee Self Service Portal (ESS)
- **Form-B:** Life Certificate & Option form for Reimbursement of Medical Claim for Superannuated/Separated Employees (as per AAI retired Medical Scheme).
- **Form-C:** Quarterly Medical Reimbursement for Serving Employees, who have opted Scheme B, on self-certification. To be submitted through Employee Self Service Portal (ESS)
- **Form-D:** Quarterly Medical Reimbursement for Superannuated/Separated Employees (as per AAI retired Medical Scheme), who have opted scheme B, on self-certification.
- **Form-E:** Medical Reimbursement form for Serving and Superannuated/Separated Employees (as per AAI retired Medical Scheme) Employees who have opted Scheme -A.
- **Form-F:** Medical Reimbursement form for Serving and Superannuated/Separated Employees (as per AAI retired Medical Scheme), who have opted for either Scheme A or Scheme B in respect to Dental and Physiotherapy Charges.

2. Further it is intimated that the Form-A & Form-B are to be submitted in HR Department and Form -C, Form-D, Form-E & Form-F are to be submitted in Finance Department.

(Sanjay Jain)
Executive Director (HR)

Distribution:

- DGM (ES) to Chairman
- DGM (ES) to Member (Fin / HR /Ops/Plng ./ ANS) / CVO
- ED(Finance)/GM(Fin)-Cash
- GM (HR) (SAP) – For Configuration in SAP
- All HODs at CHQ/Operational Office/AAI Office Complex
- GM(IT) for uploading on AAI website/All GM(HR)/ GS – AAOA (I)/ ATC Guild (I) / IAAIOA / AAI Engg. Guild(I)/ AAI SC ST Association
- GS – AAEU
- Hindi Version will follow.





Airports Authority of India

Option Form for Reimbursement of Medical Claim for Serving Employees

1.	Name of Employee	
2.	Employee Number	
3.	Designation	
4.	Department	
5.	Medical Reimbursement Option for Financial Year (_____)	<input type="checkbox"/> Scheme A OR <input type="checkbox"/> Scheme B (Tick One Option)

Date: _____

(Signature)

Place: _____