

- With reference to Finance Department Resolution No.3560/F dt.06.02.2013, 43 (forty-three) employees of the Corporation have been sanctioned with RACP in July 2016 (1st phase).
- The EDLI benefit for all Regular, Contractual and Adhoc employees has been increased from ₹3.62 lakh to ₹6 lakh. (For any casualty during service period, legal heir of concerned staff will be eligible to get cash benefit of ₹6 lakh). Premium for same are being borne entirely by Corporation.
- The employees are requested to avail the Mediclaim Insurance for family members (Spouse/2 dependent children & parents) with a sum assured of ₹5 lakh through the PSU Employee Welfare Society with the premium of ₹ 6000/- plus Service Tax per annum. Scheme is purely optional/voluntarily to employee. The application form & circular is hereby attached.
- The Corporation has initiated skill improvement- training programme (inside/outside.State) for all employees in the Corporation.
 - The Officers, Joint Managers & Deputy Manager have been nominated for training from premiere institutes in national level like IIM, IIT, and ESCI etc.
 - The training for APMs 1st phase was organized on 28th & 29th July in the Corporation which was attended by 39 (thirty nine) APMs from 8 (eight) Divisions. Next phase of training date will be intimated later in this place of website.
- All employees are encouraged and advised to read OAM's hard copy (whose soft copy is also available in our website). They cannot take ignorance as excuse anymore. They are also advised to go through by-law of OPHWC which is also available in the website.

SPECIAL CONDITIONS FOR TAILOR-MADE GROUP HEALTH INSURANCE POLICY FOR
STATE PUBLIC SECTOR UNDERTAKINGS

1. Clauses no.4.1 of the policy regarding Pre-existing diseases of the Group Health Insurance Policy stands waived.
2. 30 Days / 2 years / 4 years waiting period clauses 4.2, 4.3 & 4.4 of the standard Group Health Insurance Policy stands waived.
3. Ambulance charges: Actual expenses incurred subject to a maximum of Rs.2500/- per incidence will be admissible.
4. Maternity Benefit Extension (Sl. No.5.15 of the Group Health Insurance Policy):-
 - a. Maximum benefit allowable under this clause will be as under:-
 - i. In-case of Normal Delivery : Rs.30.000/-
 - ii. In-case of caesarean section : Rs.50.000/-
 - iii. Expenses reasonably and necessarily incurred in hospital / nursing home in connection with complications of pregnancy : Not exceeding Insured person's sum insured.
 - b. Waiting period of 9 months relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy stands waived.
 - c. Claim in respect of delivery for only two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the policy. In case of first child birth by the insured person covered under the policy are twins, claim in respect of second child birth by the same insured person will be considered as the second child delivery and will be admissible.

Premium for addition/deletion of employees declared under this policy will be charged on pro-rata basis.

Paste one
Passport size
photograph
mentioning
name on its
front side

To

The Dy. General Manager (Admn.), OPHWC Ltd., Bhubaneswar.

Willingness

I Sri / Smt. / Miss. _____

Designation _____ working in OPHWC Ltd. H.O /

Division _____ is willing to be a member of Odisha State

PSU (BBSR) Employees Welfare Society (OSPWS) and to be a subscriber for the

Group Health Insurance Policy under United India Insurance Company Ltd. and

premium amount Rs.6.000/- (Rupees six thousand only plus Service Tax) from

my salary bill and to deposit the same with the concerned authority. My Bio

data form duly filled and signed by me is enclosed herewith.

Full Signature _____

Date: _____

Designation: _____

OPHWC Ltd. _____

BIO-DATA FORM

Odisha State Police Housing & Welfare Corporation Ltd. Head Office/Divisions

Full Address with Contact No. & E-mail Id:

.I.No.	Name of the Dependents	Date of Birth	Completed Age as on 01.04.2016	Relationship to Employee	Marital Status	Gender	Name of the Nominee	Mobile No. of the Employee	E-mail ID
1									
2									
3									
4									
5									
6									

Full Signature of the Employee

Name :

Designation :

Permanent Address :