RAJASTHAN STATE INDUSTRIAL DEVELOPMENT AND INVESTMENT CORPORATION LIMITED: UDYOG BHAWAN : TILAK MARG: JAIPUR : 302005

No. A.1(4)94/89/pt.VII/1775
Date: 20.07. 2026

OFFICE ORDER

The Working Committee of the Board in its meeting held on 15.06.2026 vide Item No. 4 has accorded approval for amendment in existing scheme of RIICO Retired Employees Medical Relief Fund, 2010, as follows:

(i) Component of reimbursement for outdoor treatment presently at Rs. 15,000/- per annum be raised to Rs. 20,000/- per annum.

(ii) Monthly contribution of Rs. 300/- per month by employees be raised to Rs. 400/- per month with matching contribution by the Corporation. At the time of retirement if total contribution of member is less than Rs. 40,000/- the member is required to deposit residual amount in the fund.

(iii) Total minimum contribution per employee be enhanced from existing contribution of Rs. 30,000/- to 40,000/- per employee, with matching contribution by the Corporation.

(iv) Monthly contribution shall be deducted from monthly salary of the employee who has opted for the Fund.

(v) All serving employees who have not opted for RGHS but wish to become members of the RIICO Retired Employees Medical Relief Fund must submit their option form in the prescribed format within 15 days from the date of issuance of this order **(Annexure-I)**. The prescribed membership/contribution amount will be accepted from them in accordance with the rules.

(vi) Component of reimbursement for indoor treatment presently at Rs. 40,000/- per annum be raised to Rs. 50,000/- per annum. 50% of unutilized amount of IPD limit of past consecutive three years shall be carried forward in next year for reimbursement of IPD Medical Bills.

(vii) Retired employees who are member of RIICO Retired Employees Medical Relief Fund are required to deposit difference amount of Rs. 10,000 or Rs. 20,000/- (which ever applicable) for getting the benefit of increased OPD and IPD reimbursement limits.

(Nimisha Gupta)
Advisor (P&SP)

Copy to :

1. All Controlling Officers/All Unit Heads
2. AGM(HRD)
3. DGM(IT)/(HRD)/(Bills)
4. Notice Board
5. Office Order File/ Concerned File

Copy also to:

1. Sr. PS to Chairman
2. Sr. PS to MD
3. APS to ED

Annexure-I

विकल्प का प्रपत्र

1. मैं ..... दिनांक ..... को/से निगम सेवा में ..... के पद पर कार्यरत था/हूं। मेरा परिवीक्षाकाल दिनांक ..... को पूर्ण हो गया था/है।

2. मैं ..... मेरी सेवानिवृति के पश्चात चिकित्सा पुनःर्भरण सुविधा हेतु गठित होने वाले फण्ड की सदस्यता ग्रहण करने का विकल्प देता हूं तथा इस हेतु निर्धारित सदस्यता शुल्क देने की सहमति देता हूं।

3. मैं ..... इस हेतु नियमों में उल्लेखित शर्तों जिसमें अंशदान राशि व अधिकतम पुनःर्भरण राशि शामिल है, की पालना हेतु सहमत हूं।

4. मेरे द्वारा आरजीएचएस विकल्प का चयन नहीं किया गया है।

दिनांक :

स्थान :

हस्ताक्षर

नाम

पदनाम

कार्यालय जिसमें नियोजित है

हस्ताक्षर कार्यालयाध्यक्ष