

**GOVERNMENT OF TAMIL NADU**

**M. Mutia KALAIVANAN, IAS**  
**DIRECTOR**  
**Treasuries and Accounts Department**

**Pangal Building, 2<sup>nd</sup> Floor,**  
**Saidapet, Chennai-15.**

**D.O.RC.NO.48400/2007/H4, DATED 19-05-2008**

**Dear Thiru / Tmt.**

Sub: New Health Insurance Scheme for the employees of Government Departments, State Public Sector Undertaking, Local Bodies, State Government Universities and Statutory Boards under the control of State Government – Orders issued – Uploading the data – reg.

Ref: 1. G.O. Ms.No.430 Finance(Salaries) Dept. Dated:-10.9.2007  
2. G.O. Rt.No.65 Finance (Salaries) Department Dated 9.1.2008.  
3. DTA's D.O. Lr.No.48400/2007/H4, Dated 24.4.2008.  
4.G.O. Ms. No 174 Finance (Salaries) Department, Dated 28.4.2008

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I invite kind attention to the references cited.

**The New Health Insurance Scheme announced by the Honourable Chief Minister of Tamil Nadu is to be launched on 3<sup>rd</sup> June ,2008.**

In the meeting convened by the Special Secretary to Government Finance Department reviewing the progress in the implementation of New Health Insurance Scheme on 16-5-2008 it was instructed that the validated data of the eligible employees details of the Government Departments/Public Sector Undertakings and Statutory Boards / Local Bodies / Universities has to be handed over in complete shape to the Star Health and Allied Insurance Company on or before 21<sup>st</sup> May, 2008.

The physical validated forms has to be brought to the O/o. the Director of Treasuries and Accounts, Panagal Building, II Floor, No.1, Jeenis Road, Saidapet, Chennai-15 and to be handed over to the Star Health and Allied Insurance Company in the following format for scanning and printing of identity cards. This has to be completed within a short span of time . The particulars have to be given separately in the Format-I (in triplicate) for the employees coming under each Pay Drawing Officer. The consolidated details of the employees for the overall department has to be furnished in Format-II (in triplicate).

(...2...)

(2)

The photos has to be affixed (pasted) without stapling. In case of group photos the serial number of the family members in the form may also be correspondingly indicated in the photo for identification. The computer generated Reference Number (in full) has to be written in each form legibly. The ineligible members has to scored out with due attestation without affecting the legibility of the forms. In case of spouse employed in covered organizations a declaration has to be obtained that the spouse has not opted to the scheme. For deletion of records (duplication, ineligible employees etc.) NIC may be addressed ([nhis@tn.gov.in](mailto:nhis@tn.gov.in)) and a copy marked to this office [dta@tn.nic.in](mailto:dta@tn.nic.in) along with a letter / fax message.

Hence I request you to bestow your personal attention to kindly arrange to furnish the details called for in the prescribed formats I and II in triplicate to the insurance company in the scheduled dates and also request you to inform the completion status immediately.

Yours sincerely,

-s/d-

**(M. Mutia Kalaivanan)**

To  
All HODs  
All CEOs of Public Sector Undertakings & Stautory Boards  
All Registrar of Universities  
The Special Commissioner of Revenue Administration, Chennai  
The Commissioner of Municipal Administration, Chennai  
The Director of Rural Development Development, Chennai  
The Director of Town Panchayat, Chennai

# **FORMAT - I**

## **HEAD OF THE DEPARTMENT / PSU / STATUTORY BOARDS / UNIVERSITY / LOCAL BODIES :**

- 1.Name of the office
- 2.Address
- 3.Phone No.
- 4.Fax No
- 5.E Mail id..
- 6.Pay Drawing Officer code if any.,
- 7.Pay Drawing officer name
- 8.Pay Drawing Officer Designation
- 9.Pay Drawing officer's Phone,Mobile No.
- 10.PAO/SPAO/Treasury/STO to which attached if applicable
- 11.Total sanctioned strength
- 12.Vacancy
- 13.Employees on Roll as on date
- 14.Total employees eligible under the scheme
- 15.Total employees not eligible under the scheme  
(For e.g., 10a(1)consolidated, daily wages etc...)
- 16.Total employees detail updated and no.of forms sent
- 17List containing the following details

| Sl.No | Name | designation | computer generated reference No | Remarks |
|-------|------|-------------|---------------------------------|---------|
|       |      |             |                                 |         |

### **18.CERTIFICATE**

Certified that the employees details has been verified in the website [tn.gov.in/karuvoolam](http://tn.gov.in/karuvoolam) and it is correct as per the eligibility with respect to the existing Rules , Government orders, instructions, clarifications etc in force. There is no duplication of employee details. The contents of the hard copy of the employees details in the form and data available in the website are of identical

Signature

**FORMAT – II**

**(CONSOLIDATED STATEWIDE REPORT TO BE SUBMITTED BY THE HOD IN TRIPLICATE)**

**NAME OF THE OFFICE (HOD) / PSU / STATUTORY BOARDS /  
UNIVERSITY / LOCAL BODIES :**

DATE :

ADDRESS :

PHONE NO. :

FAX NO :

E MAIL ID. :

DRAWING OFFICER'S PHONE,  
MOBILE NO. :

=====

SANCTIONED STRENGTH (OVERALL):

VACANCY POSTS (OVERALL) :

NO. ON ROLL AS ON DATE :

NO. NOT ELIGIBLE FOR NHIS :

(10(a)(1) :

On contract :

Consolidated, :

Daily wages :

Employee's Spouse already included :

Etc., :

NO. ELIGIBLE FOR NHIS :

UPLOADED EMP. DETAILS :

TO BE UPLOADED EMP. DETAILS :

NO. OF PAY DRAWING OFFICERS (PDO):  
THROUGHOUT THE STATE

NO. PDOs UPLOADED :

NO. PDOs TO BE UPLOADED :

NO. OF PDOs FOR WHOM THE  
PHYSICAL FORMS IS NOW  
FURNISHED :

BALANCE NO.OF PDOs YET TO  
BE SENT

**Signature of HOD / CEO / REGISTRAR  
(OR) Authorised Officer**

## NEW HEALTH INSURANCE

### *Check List*

**Before sending completed forms of employees details, fulfillment of the following items are to be ensured :**

- 1). Whether all the forms submitted by the eligible employees are correctly filled?
- 2). Whether the eligible family members as per G.O. Ms. No. 174 Fin. dt.28.4.08 alone been included
- 3). Whether the datas of ineligible family members has been scored out in the form (with attestation) and deleted in the uploaded format by using update option?
- 4). Whether photos of all eligible members are pasted (without stapling) in the forms? and photos of ineligible members removed?
- 5). Whether, in case of joint photos if any furnished, the Sl. Nos. assigned against the name in the form has been marked against each photo for identification by the Insurance Company while scanning?
- 6). Whether computer generated No. has been marked correctly in all the eligible form without omission?
- 7). Whether a consolidated list of eligible employees data ( to be furnished for scanning ) prepared Pay Drawing Officer wise?
- 8). Whether the duplications of employees data uploaded in the website has been deleted properly by sending mail to [nhis@tn.gov.in](mailto:nhis@tn.gov.in), copy to [dta@tn.nic.in](mailto:dta@tn.nic.in) and sending the same through fax?
- 9). Whether the forms, if any obtained from ineligible members (10 (a)(i) consolidated pay, daily wages etc., have been taken out from the list?
- 10). In case of spouse employed in State Govt/Public Sector Undertakings and Statutory Boards, Universities, Local Bodies a ***declaration*** to be recorded in the physical form as given below:

#### **Declaration**

Thiru/Tmt. ----- My husband/wife is employed in the-----  
----- organization which is covered under the New Health Insurance Scheme and he/she has not furnished the option for the New Health Insurance Scheme in the respective organization.

*Signature of the employee*

#### **Certificate of Pay Drawing Officer**

Certified that the physical form containing the employees details has been verified with respect to the above points and is in order.

*Signature of the Pay Drawing Officer*