

ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION

No.IR1/380(01)/2020-PO-III

O/o the Vice Chairman & Managing Director,
RTC House, Vijayawada,

CIRCULAR NO. PD- 04/2020 Date: 06.11.2020

Sub:- Insurance – Extension of Andhra Pradesh Government Life Insurance (APGLI) Scheme to the employees of Public Transport Department– Instructions - Reg.

- Ref:- 1. G.O. Ms. No.50 of T,R&B(TR.II) Dept., dated:30.12.2019
2. G.O. Ms. No.51 of T,R&B(TR.II) Dept., dated:31.12.2019
3. G.O. Ms. No.52 of T,R&B(TR.II) Dept., dated:31.12.2019
4. G.O. Ms. No.2 of GA(CABINET-II) Dept., dated:03.01.2020
5. G.O. Ms. No.36 of Finance (Admn.DI&IF) Dept., dated: 05.03.2016
6. G.O. Ms. No.88 of Finance (ADMN.III) Dept., dated: 16.10.2020

Vide G.O.s under reference 1st to 4th cited, Government of Andhra Pradesh absorbed all the employees of APSRTC into Government service by creating Public Transport Department (PTD) under the administrative control of T,R& B Department w.e.f. 01.01.2020.

Further, vide G.O under reference 6th cited, Government of Andhra Pradesh agreed to extend Andhra Pradesh Government Life Insurance (APGLI) Scheme to all regular employees of PTD. All regular employees of PTD in the age group above 21 years and below 55 years are eligible to enter into this Scheme. The premium shall be deducted from the salaries of the eligible employees every month from the salary bill of November, 2020 payable on 01.12.2020, onwards, as per the following slabs.

Pay Slabs	Monthly Premium
Pay from Rs.16,890 to Rs.20,300	Rs.750/-
Pay from Rs.20,301 to Rs.27,650	Rs.1,000/-
Pay from Rs.27,651 to Rs.32,350	Rs.1,250/-
Pay from Rs.32,351 to Rs.41,139	Rs.1,500/-
Pay from Rs.41,140 and above	Rs.2,000/-

The detailed guidelines were already issued by the Government through G.O. under reference 5th and 6th cited (Copy enclosed for ready reference). In this regard, the salient features of the Scheme and the procedure to be followed for implementation of APGLIS to all eligible employees of PTD are given below.

A. Salient features of APGLI Scheme:

1. Andhra Pradesh Government Life Insurance (APGLI) Scheme is a compulsory life insurance scheme apart from other compulsory saving schemes like GPF/EPF, GIS. All the state government employees who are drawing salaries from 010 head of account of the Government of Andhra Pradesh are mandatorily bound to get insured with APGLI scheme.
2. Once policy is taken, the policy holder has to continue premium until cessation from service and there is no provision to discontinue. The minimum compulsory monthly subscription is fixed by the Government and subjected to revision from time to time.
3. The APGLI policies do not lapse as long as the employee is in Government Service.
4. Premium paid towards APGLI is exempted from income tax under Section 80C.
5. In case of maturity of the policy on cessation other than death, the total Sum Assured and Bonus till Date of Maturity on cessation are paid to the policy holder.
6. In case of Death of policy holder before maturity of the policy, the total Sum Assured along with eligible Bonus till date of death are paid to the legal heirs.
7. If the Policy holder ceases to be Government servant and decides to surrender the policy by discontinuing the payment of Premium, the subscriber will be paid the Surrender Value and the eligible Bonus. However, he/she can continue to be the Policy holder provided that he/she submits willingness to the Local District Insurance Office within 90 days of cessation from service, subject to approval from the Insurance Department.
8. APGLI Scheme is governed by APGLI Fund Rules.

B. Eligibility criteria and commencement of the Scheme in PTD:

1. All regular employees in the age group above 21 years and below 55 years are eligible to enter into this Scheme. The regular employees who crossed 55 years of age as on the date of submission of Proposal Form to Local District Insurance Office. Contract/Casual employees are not eligible. The employees of other departments who are working on deputation in APSRTC are also not eligible.

2. The monthly premium shall be deducted from the salaries of all eligible employees every month from the salary bill of November, 2020 payable on 01.12.2020 onwards, as per the pay slabs given above.
3. APGLI Scheme commences to all eligible employees from 01.12.2020 onwards and will be in force till superannuation/cessation of service subject to the terms of the Scheme.
4. The Unit Officers/Drawing Officers are responsible for effecting the monthly recovery of premium regularly as per the above pay slabs from all the eligible employees of their unit.
5. The list of eligible employees (Name, staff number, **Government HRMS ID**, Unit/Depot, Region and Zone wise – Excel files) will be communicated to all the Units by PO-IT: HO.
6. All Unit Officers/Drawing Officers shall verify the list of eligible employees as communicated from HO. Additions/deletions found if any shall be incorporated to the list as on 16.11.2020.
7. Recovery of monthly premiums as per the above pay slabs for all the eligible employees will be effected in Payroll by CIS Software automatically every month by HO.
8. In case of non recovery of monthly premium from any of the eligible employee, such issue shall be reported to PO-IT: HO to take corrective action.

C. Proposal Form for insurance under APGLIS:

1. All the eligible employees for whom monthly premium recoveries are effected in the salary bill of November, 2020 shall submit PROPOSAL FORM (enclosed here with) in DUPLICATE duly filled in, signed by the employee, to the Unit Officer concerned.
2. Blank PROPOSAL FORM can also be downloaded from www.apgli.ap.gov.in/downloads ----> Proposal for insurance on own life (Fresh/enhancement)
3. Sample copy of filled in PROPOSAL FORM is enclosed for guidance.
4. The Unit Officer shall attest the PROPOSAL FORM with office seal and submit one copy to the Local District Insurance Office (APGLIS Office) (details are given at **Annexure-I**) through Personnel Officer/Dy.CPM concerned.

5. Second copy of attested PROPOSAL FORM shall be filed in P-Cases of the respective employees.
6. The details of Liaison Officers of APSRTC and that of Local District Insurance Offices (APGLI) are given at **Annexure -I**.
7. The authorities competent to attest the PROPOSAL FORM –

Sl. No	Categories of employees	Authorities competent to attest PROPOSAL FORM
1	All cadres of employees and supervisors working at Depots	Depot Manager
2	All cadres of employees and supervisors working at NOUs of Region	Personnel Officer
3	All cadres of employees and supervisors working at ZWS, TRS and ZS	Works Manager
4	All cadres of employees and supervisors working at ZNOUs other than ZWS, TRS and ZS	Deputy Chief Personnel Manager
5	All cadres of employees and supervisors working at HO	Personnel Officer – II
6	All JSOs and SSOs working in the Region	Regional Manager
7	Regional Managers	Executive Director of the Zone
8	All JSOs and SSOs working in the Zonal NOUs	Executive Director of the Zone
9	All JSOs, SSOs and HODs working at HO	ED(Admin)
10	Executive Directors of the Zones and HO	VC&MD

D. Filling up the PROPOSAL FORM – Guidelines:

In the beginning of the proposal form, District Insurance Office, Policy Number and the Proposal Form Number will be filled by the Local District Insurance Office (APGLI).

In the PROPOSAL FORM, at

1. Column (5) : Employee Office address –
Employee Office address shall be filled in the space provided under this column.
2. Column (7): Date of first appointment - The date of Regular appointment in the initial cadre shall be entered.
3. Column (10): Basic Pay and Pay scale – The present Basic Pay of the employee (not Payable Pay) to be filled in the first box. The respective pay scale of the cadre (First stage -- Last stage in time scale) shall be entered in second box.

4. Column (13): Have you in the preceding (3) years absent on leave on medical grounds for more than 10 days at a time? If yes, give details.

Explanation: If any of the employee had availed HPL-MC for more than 10 days at a time, in the preceding three years, then provide the details (date wise) in a separate sheet as enclosure to the PROPOSAL FORM, in the following format.

Name of the employee:

Staff Number:

Designation:

Unit:

Sl. No	HPL – MC Availment			Reason
	From date	To date	No. of days	

Signature of the Unit Officer with office seal

Explanation: As per Rule 39 of APGLI Fund Rules, false information furnished by an insured or production of any false evidence in connection with the insurance of his/her life shall render his/her policy NULL and VOID and the Premiums paid by him/her shall be forfeited to the Fund. Hence, all employees are advised to submit genuine information as per their health condition.

5. Column (14): Have you ever suffered from any of the following Diseases -

Explanation: If any of the employee had taken treatment for the diseases mentioned at Column (14), then provide the details (date wise) in a separate sheet as enclosure to the PROPOSAL FORM, in the following format.

Name of the employee:

Staff Number:

Designation:

Unit:

Sl. No	Details of the treatment taken			Disease	Treatment received
	From date	To date	No. of days		

Signature of the Unit Officer with office seal

Explanation: As per Rule 39 of APGLI Fund Rules, false information furnished by an insured or production of any false evidence in connection with the insurance of his/her life shall render his/her policy NULL and VOID and the Premiums paid by him/her shall be forfeited to the Fund. Hence, all employees are advised to submit genuine information as per their health condition.

6. Column (16): If already insured – **Don't write anything. Leave blank.**
7. Column (17): Proposed monthly premium – Mention the appropriate **Monthly Premium** as per the Basic pay of the employee and the respective pay slabs given above.
8. Column (19): Mobile number – Mention personal mobile number of employee.
9. Column (22): Employee ID no. – Mention **Government HRMS ID.**
(Please refer to the eligible employees list - Excel files given by PO-IT:HO for Government HRMS IDs)
10. Column (23): Major Head - 3055 Treasury D.D.O Code - 90000038168
11. In page 3 of the PROPOSAL FORM – **“CERTIFIED BY OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED”**

Vide Token Number: ----- Dated: -----

Explanation: The token number and the date for all the employees will be communicated to all the Units by PO-IT: HO on 25.11.2020. The same shall be mentioned in the above two columns.

E. Submission of the filled in PROPOSAL FORMS:

1. After filling up the PROPOSAL FORMS as per the above guidelines, Personnel Officers/Deputy CPMs shall collect all the filled in, signed PROPOSAL FORMS of all eligible employees including officers for whom monthly premium recoveries were effected, from all the units of their jurisdiction by 26.11.2020, submit the same to the Liaison Officer concerned of Local District Insurance Office (APGLI) by 27.11.2020 and obtain acknowledgement.
2. Personnel Officers/Dy. CPMs are totally responsible for submission of filled in PROPOSAL FORMS of all the eligible employees for whom recoveries were effected in

November, 2020 salary bill, to Local District Insurance Office (APGLI) by 27.11.2020 without fail.

3. Only premium payment without submission of PROPOSAL FORM will not give any risk coverage or monetary benefit to the employee and such payments will be treated as unauthorized amounts which will be refunded on application, without any interest or bonus.

F. Generation of Policy Bonds:

1. Upon acceptance of PROPOSAL FORMS, policy bonds will be generated by the Local District Insurance Office with a unique policy number to each employee with suffix 'A' which will mature at the age of superannuation i.e., 60 years. Suffix 'A' indicates the initial issue of policy bond.
2. Unless a PROPOSAL FORM is submitted to Local District Insurance Office and policy bond is obtained, the employees will not get insurance coverage.
3. On generation of policy bonds, Personnel Officers/Deputy CPMs shall ensure that policy bonds are received from Local District Insurance Office for all the employees for whom PROPOSAL FORMS are submitted.
4. Personnel Officers/Deputy CPMs shall forward all these policy bonds of employees to the Unit Officers concerned.

G. Handing over the Policy bonds to the employees:

1. The Unit Officer shall take a Photostat copy of the policy bond and arrange to file the same in the P-Case of the employee concerned duly making an entry in Service Record(SR).
2. The Original Policy bond shall be handed over to the employee concerned duly obtaining acknowledgement. The acknowledgement copy shall be filed in P-Case of the employee concerned.

H. Compliance report:

1. After receipt of all Policy bonds from the Local District Insurance Office for all the eligible employees for whom recoveries were effected in November salary bill, payable

on 01.12.2020, a consolidated compliance report shall be submitted by POs and Dy.CPMs to CM (P):HO by 04.01.2021 in the following format.

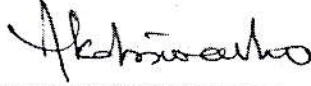
Sl. No	Depot /Unit	No of eligible employees for whom recoveries were effected in Nov, 2020 salary bill	No. of employees for whom PROPOSAL FORMS were submitted to Local District Insurance Office	No. of employees for whom Policy Bonds were received from Local District Insurance Office	No. of employees for whom PROPOSAL FORMS are under process at Local District Insurance Office	No. of PROPOSAL FORMS Rejected	Reasons

2. Regarding the issues like subsequent addition of employees to APGLIS, subsequent increase of premium, non recovery of premium due to LWP/ABS/Removal/EOL, change of Nomination details, Claim (Death), Claim (other than Death), Loans and Loss of Policy Bond etc., detailed guidelines will be issued in due course.

Therefore, necessary action shall be taken accordingly for smooth implementation of APGLI Scheme to all the eligible employees of PTD.

Encl:

- a. G.O. Ms. No.36 of Finance (Admn.DI&IF) Dept., dated: 05.03.2016
- b. G.O. Ms. No.88 of Finance (ADMN.III) Dept., dated: 16.10.2020
- c. Blank PROPOSAL FORM
- d. Sample filled in PROPOSAL FORM


 EXECUTIVE DIRECTOR (A)

Copy to all Officers of the Corporation.

Copy to Director, Directorate of Insurance, Ibrahimpatnam, Vijayawada with a request to issue suitable instructions to Local District Insurance Offices for smooth implementation of APGLIS to the employees of PTD.