

**Public Administration Circular 5/97 (VI)**

My No: XTU/21/XLVII  
Ministry of Public Administration,  
Home Affairs and Administrative Reforms  
Independence Square  
Colombo 07.

24.02.2001

Secretaries to Ministries  
Chief Secretaries of Provincial Councils, and  
Heads of Departments.

**The Insurance Scheme for Public Officers (AGRAHARA)**

Your attention is invited to Public Administration Circular 5/97 dated 31.01.1997 on the above subject.

02. Item 7 of Annexure I of the said Circular is renumbered as item 7(I), and the undermentioned particulars are included as item 7 (II). Item 7(II) will be effective from 01.01.2000.

7(II) When in-patient treatment for natural abortions has been obtained, a sum of Rs. 250/- per day of such in-patient treatment subject to a maximum of Rs. 3000/-.

03. The Goods and Services tax of Rs. 1.38 levied on Personal Accident Insurance Cover and Loan Guarantee Insurance Scheme as per para 4 of Circular No. 5/97 (V) of 10.12.1999 will cease to be levied with effect from 01.01.2000, and the amount to be recovered should be only the premium of Rs. 11/-. The excess amount already recovered as Goods and Services Tax should be utilized to cover the future premiums.

04. Sri Lanka Insurance Corporation has informed that the Insured/Claimants and the Heads of Institutions should follow the instructions given in Annexure I & II respectively, in order to avoid delays in paying Agrahara Insurance benefits.

05. Action should be taken to make aware the beneficiaries of your institution regarding the instructions as in paragraph 04 above.

Sgd.by/M.N. Junaid  
Secretary  
Ministry of Public Administration, Home  
Affairs and Administrative Reforms

## Annexure I

### The Insured / Claimant should follow the under-mentioned instructions when making Insurance Claims

#### **1. Ordinary Medical Treatment**

- 1.1 When making claims, only the prescribed form should be used, and all necessary particulars must be properly included without leaving blanks. It is compulsory to state the claim number allocated by the Insurance Corporation if claims have been obtained on previous occasions.
- 1.2 Claim applications must be forwarded to the Insurance Corporation through the Head of the Institution within 90 days of obtaining medical treatment. The bills of expenditure arranged chronologically must also be handed over along with the application.
- 1.3 It is necessary to have the date, signature and the official frank of the Medical Officer in the Medical Report. When treatment has been obtained at a Government Hospital, the Medical Certificate issued by the Medical Officer concerned and the Prescription would be accepted as documents sufficient for the reimbursement of money even if his official frank is not present.
- 1.4 When in-patient treatment has been obtained in a Government Hospital, documents required for substantiating same should be produced.
- 1.5 When in-patient treatment has been obtained in a Private Hospital, the final bill and the Payment Receipt signed on a stamp should be produced along with the other documents.
- 1.6 In the case of a child birth, a copy of the child's Birth Certificate or the document issued by the hospital giving the date and time of the birth, should be produced certified by the Head of the Institution.

#### **2. Accidental Deaths**

- 2.1 Use form No. 3566 for this purpose.
- 2.2 It is compulsory to produce the Police Report, Report of the Inquirer into Sudden Deaths and the Post-mortem Examination Report. If no Post-mortem Examination has been held, it should be supported by a statement from the Inquirer into Sudden Deaths.
- 2.3 Certified photostat copies or originals of the Marriage Certificate, Death Certificate and the Birth Certificates of the children/dependents should be forwarded to the Insurance Corporation.

#### **3. Disablements**

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- 2.3 Certified photostat copies or originals of the Marriage Certificate, Death Certificate and the Birth Certificates of the children/dependents should be forwarded to the Insurance Corporation.

### **3. Disablements**

- 3.1 Use form number 3565 for this purpose.
- 3.2 The Insurance Corporation should be informed of the accident within 90 days for taking follow - up action.
- 3.3 The nature, extent and the period of the disablement must always be certified by a Government Medical Officer.
- 3.4 The medical leave obtained due to the disablement must be certified and submitted through the Head of the Institution.

### **4. Natural Deaths**

- 4.1 The originals or certified copies of the deceased's birth certificate, marriage certificate, death certificate, and when there is no spouse, the birth certificates of the children; if the deceased was unmarried and the parents are also dead, the birth certificates of the brothers and sisters must be submitted.
- 4.2 The last drawn salary particulars of the deceased must also be submitted
- 4.3 The Report of the Grama Niladari of the Division regarding the dependants must be submitted certified by the Divisional Secretary.

### **5. General Matters**

- 5.1 In case of any change in the family particulars or a transfer, the Insurance Corporation must be informed immediately through the Head of the Institution.
- 5.2 The Insurance Corporation will consider the applications for personal accident cover claims only if the insured has duly paid the premiums during the relevant period.

**Heads of Institutions should follow the under-mentioned instructions when forwarding Insurance Claims to the Corporation**

**1. Ordinary Medical Treatment**

- 1.1 Duly perfected applications received from the Insured must be forwarded to the Sri Lanka Insurance Corporation once a fortnight.
- 1.2 A Register containing the Claim numbers allotted by the Insurance Corporation to officers who have obtained claims on previous occasions should be maintained regarding all officers of the Institution.
- 1.3 In the original of the Diagnosis Card the endorsement “ Has been submitted for AGRAHARA CLAIMS” should be made, signed along with the official frank. A photocopy of same should be obtained and should be certified as a true copy and forwarded to the Insurance Corporation
- 1.4 If the Insured has got a transfer after submitting the claim it should be stated in the claim application.
- 1.5 Every claim application should be forwarded with a covering letter of the Head of the Institution.
- 1.6 When payments are not made, and the Insurance Corporation submits form No. 3572 (payment particulars) giving the reasons for non - payment, a photocopy of the same should be made available to the Insured.
- 1.7 Form No. 3573 should be forwarded to the Insurance Corporation certifying the money received.

**2. Accidental Death Claims**

- 2.1 The Head of the Institution must submit a certificate that the deceased has paid the premiums from the date of joining the Personal Accident Cover Insurance Scheme up to the date of death.

**3. Disablement**

- 3.1 The Head of the Institution must certify the leave and the medical certificates obtained due to disablement.
- 3.2 As the claim is calculated according to the salary received by the Insured in the month immediately preceding the accident, the relevant salary report should be certified and forwarded.

**4. General Matters**

When the premiums from Zonal Education offices are remitted to the Insurance Corporation, it is necessary to indicate the list of names of the Insured separately under each school in the deduction register.