

**DELHI DEVELOPMENT AUTHORITY**

OFFICE OF DY.CAO (MEDICAL)  
1<sup>st</sup> Floor, C-Block, VIKAS SADAN  
I.N.A., NEW DELHI - 110023

No.: F7(20)2012-13/MC/NMS/398


Date: 11.2.2019

**F&E CIRCULAR NO. 04/2019**

**Sub: Nomination Facility under DDA Medical Scheme for Claiming Medical Reimbursement in the event of Death of Principal DDA Medical Card holder.**

1. VC, DDA has been pleased to extend nomination facility in DDA Medical Scheme as available CGHS [Reference M.H. O.M. NO. S.11011/12/2013-CGHS-(P)].
2. The nomination facility shall be subject to the following conditions:-
  - a) The nomination facility shall be available only to the DDA Medical Scheme pensioner card holders.
  - b) Beneficiaries who wish to exercise this option **shall submit their declaration of nomination** in the prescribed 'Nomination Form' duly filled up and complete in all respect, to the Asstt. Director (Medical) In-charge of the DDA Medical Scheme Wellness Centre where the beneficiary is enrolled. [Proforma of Nomination Form enclosed].
  - c) Asstt. Director (Medical) In-charge shall maintain a separate register - 'Nomination Register' to record the particulars of the nomination submitted by the DDA Medical Scheme beneficiary in exercise of this option. **Once the nomination details are recorded, the Asstt. Director (Medical) In-charge shall forward the 'Nomination Form' to Asstt. Accounts Officer (Medical Counter) for making necessary entries in the DDA Medical Scheme database after due scrutiny and approval of Accounts Officer (Medical HQrs), DDA Medical Scheme.**
  - d) The nomination shall be treated as valid only if the same has been entered in the **DDA Medical Scheme database.**
  - e) Only one person shall be allowed to be nominated as the **original nominee or first nominee.** In addition, another person can also be nominated as 'alternate nominee or second nominee' who can claim reimbursement in **case of unfortunate death** of the first nominee.
  - f) The principal DDA Medical Scheme card holder beneficiary can nominate any natural or juristic person as his/her nominee for this purpose, whether related or unrelated to him/her.
  - g) This option can be exercised at any time during the lifetime of the beneficiary. However, this option can **be exercised only twice** in the lifetime of the pensioner card holder.
  - h) In **case, no option** has been exercised during the lifetime of the DDA Medical Scheme pensioner beneficiary, the existing DDA Medical Scheme provision for claiming reimbursement of medical expenses, requiring submission of Affidavit by the claimant and NOCs from other legal heirs shall continue to apply.
3. This Office Memorandum will be effective from the date of its issue.

**Encl:-** Nomination Form

  
**Account Officer (Medical)-I**

## NOMINATION FORM

(When the pensioner DDA Medical Scheme beneficiary wishes to nominate a person to claim the medical reimbursement from DDA Medical Scheme in the event of his/her death.)

I hereby nominate the person/persons mentioned below and confer him/her the right to receive the amount of medical reimbursement(s) in the event of my death, as have become admissible as per the laid down guidelines under DDA Medical Scheme and remained unpaid at the time of my death.

Original Nominee		Alternative Nominee	
Name and Address of the person nominated by the DDA Medical Scheme beneficiary  (with bank details)	Relationship if any, with the DDA Medical Scheme beneficiary	Age	Name and address of the person, if any, to whom the right, conferred on the nominee shall pass in the event of the nominee predeceasing the DDA Medical Scheme beneficiary or the nominee dying after the death of the DDA Medical Scheme beneficiary but before receiving the medical reimbursement from DDA Medical Scheme.  (with bank details)

Dated this ..... day of ..... 20 ..... at(Place) .....

(Signature of the beneficiary)

Name:  
Address:

DDA Medical Scheme Card No.  
Contact No:

Witness:

1.

Signature of witness  
Name:  
Address:

2.

Signature of witness  
Name:  
Address:

### FOR OFFICIAL USE

Particulars of nomination received and entered in Nomination Register at  
Sr.No. .... Dated .....

Dated:  
Dir.(Medical)Incharge  
DDA Medical Scheme Wellness Centre

Signature of Asstt.  
  
(with seal)