

SOUTH DELHI MUNICIPAL CORPORATION
CIVIC CENTRE, NEW DELHI
(Health Department)

No. 393

Dated: 27/04/2020

OFFICE ORDER

Subject: - Compensation of Rs. 10 Lacs on death for regular/contractual/ daily wager/ persons of concessionaire working with covid-19 positive patients while on duty with SDMC and re-imburement of expenditure incurred on treatment of any person (Regular, Daily Wager, Contractual, Private) working for,SDMC in this crisis.

In view of the present Pandemic of COVID-19, affecting almost all the countries in the world, India in particular and Delhi in specific is no exception and reporting a number of cases of COVID-19 and deaths caused by it. SDMC is involved in fighting this menace through all its resources and reaching to citizens of Delhi through its various Departments who are looking after health, sanitation, disposal of home quarantine waste, disposal of dead persons who died from COVID-19 and other activities like food distribution etc. For carrying out these multiple activities, a large number of workforce including regular employees/ contractual employees /daily wagers/ persons of concessionaire have been engaged for provision of uninterrupted services. Some of these persons including workers(Regular as well as Contractual) like Doctors, Staff Nurse, Public Health Nurse, Pharmacist, Lady Health Visitors, ANMs', ward boy/ ward aya, dresser, Laboratory technician including Lab attendant and Lab Assistant, registration clerk, ambulance driver and cleaner, CDV, Safai Karamcharis, Domestic Breeding Checkers, Field Workers, Food Hygiene Beldars, Superior Field Workers, Assistant Malaria Inspectors, Malaria Inspectors, Sr. Malaria Inspectors, Assistant Public Health Inspectors, Public Health Inspectors, Cremation Ground Attendants, Wood Cutters, Furnace Operators, Funeral van Attendants, Safai Karamcharis, Drivers, Entomologists, Epidemiologists & Dy. Health Officers , Nala Beldar, beldars of engineering department, Malis, Ambulance Drivers, Drivers of tankers or any other staff whether regular or contract who are working in close proximity of COVID-19 cases and are being exposed to the danger of contracting the COVID-19 disease. As per their recruitment and approval for appointment the staff working on contract or daily wager or persons of concessionaire are not entitled for any compensation from SDMC. It is imperative upon SDMC to

provide them the benefit of compensallon of Rs. 10 Lacs coverage for Loss of life due to COVID19

In view of above, the following has been decided:-

1. The duration of the policy is for a period of 90 days, from and including April 20, 2020.
2. No age limit for this Scheme if fulfilling the criteria of engagement for working with SDMC.
3. Individual enrolment is not required.
4. INR 10 LAKHS will be paid to the legal heir/claimant of the person deceased.
5. Criteria to establish the claim are as follows:-Laboratory report certifying positive medical test is required for loss of life on account of COVID-19. However, it is not required in case of Accidental loss of life on account of COVID-19 related duty.
6. Claims for compensation will not be entertained if the person is not reporting for duty and death from COVID-19 happens at home.
7. Any type of expenses related to quarantine is not covered.
8. Accidental death is defined as sudden, undefined and involuntary event caused by external, visible and violent means and death due to complications arising out of accidentally contracting COVID-19 pandemic disease while dealing or serving the persons suffering from Corona.
9. Documents required for claiming benefits under this compensation Scheme :-

In case of Loss of life due to COVID19 following documents are required:

- i) Claim form duly filled and signed by the nominee/claimant.
- ii) Identity proof of Deceased (Certified copy)
- iii) Identity proof of the Claimant (Certified copy)
- iv) Proof of relationship between the Deceased and the Claimant (Certified copy)
- v) Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)

- vi) Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- vii) Death Certificate (In Original)
- viii) Certificate by the concerned department of SDMC that the deceased was an employee of /engaged by the institution and was deployed/ drafted for care and may have come in direct contact of the COVID-19 patient.

10. In case of Accidental loss of life on account of COVID-19 related duty following documents are required:

- i) Claim form duly filled and signed by the nominee/claimant.
- ii) Identity proof of Deceased (Certified copy)
- iii) Identity proof of the Claimant (Certified copy)
- iv) Proof of relationship between the Deceased and the Claimant (Certified copy)
- v) Death summary by the Hospital where death occurred (in case death occurred in hospital) (Certified copy).
- vi) Death Certificate (in Original)
- vii) Post-mortem Report (Certified copy)
- viii) Cancelled Cheque (desirable) (in Original)
- ix) FIR (Certified copy)
- x) Certificate by the Concerned Department of SDMC that the deceased was an employee of /engaged by the institution and had an accidental loss of life on account of COVID-19 related duty.

11. The claim by nominee for disbursement of this compensation benefit will be decided on the basis of already defined Rules of family under CCS Pension Rules, 1975 (Rule 53 read with Rule 54) or any other relevant provision defined under rules by Government of India.

12. Process of Submission of claim:-

- i) The claimant needs to fill up claim form along with necessary documents as prescribed and submit the same to SDMC Department where the deceased was an employee of /engaged by the institution.

- ii) The respective Department will give necessary certification and forward it to competent authority.
 - iii) Competent authority will be Head of the concerned Department
13. The compensation be released in 3 working days on submission of all documents to the Committee. The Committee will comprise of Addl. DHA, Dy. DHA(M&TB), ADC(Health) DCA(Health) and Assistant Commissioner of the Concerned Zone for scrutiny and recommendation to the Commissioner for approval.
 14. The persons detailed in para 1 above and infected with Covid 19 while performing duty and incurred expenditure for treatment during the period of 90 days from and including 20th April, 2020 are eligible for re-imbursment.
 15. Actual expenditure incurred by the person will be re-imbursed by SDMC, subject to the ceiling as per CS(MA) Rules.
 16. Criteria to establish the claim are as follows:-Laboratory report certifying positive medical test is required for the treatment on account of COVID-19.
 17. Claims for re-imbursment of medical expenses will not be entertained if the person is not reporting for duty and infected from COVID-19 happens at home.
 18. The persons who are working with the Concessionaire have to submit the claim through the Concessionaire duly verified and certified.
 19. Documents required for claiming benefits under this re-imbursment Scheme :-

In case of re-imbursment of expenditure on infection of COVID19 following documents are required:

- i) Claim form duly filled and signed by the claimant.
- ii) Identity proof of the person (Certified copy)
- iii) Laboratory Report certifying having tested Positive for COVID-19 (in Original or Certified copy)
- iv) Treatment detail duly Signed and stamped by Authorised Medical Attendant duly verified by the DDO/HOD.

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- v) Certificate by the concerned department of SDMC that the person was an employee of /engaged by the Institution and was deployed/ deputed for Covid care and may have come in direct contact of the COVID-19 patient.

20. Process of Submission of claim:-

- i) The claimant needs to fill up claim form along with necessary documents as prescribed and submit the same to SDMC Department where the deceased was an employee of /engaged by the Institution.
- ii) In case the person is working under the Concessionaire, the claim should be submitted through the Concessionaire.
- iii) The respective Department will give necessary certification and forward it to competent authority.
- iv) Competent authority will be Head of the concerned Department.
- v) The claim of re-imburement released on submission of all documents to the Committee. The Committee will comprise of Addl. DHA, Dy. DHA(M&TB) ADC(Health), DCA(Health) and Assistant Commissioner of the concerned Zone for scrutiny and recommendation to the Commissioner for approval.

21. Budget will be charged against HOA E078-1418 (Exp. Medical facilities to Mpl. Employees (cashless/ insurance)).

This issue with the approval of Competent Authority.

M. S. S. S.
27/04/2020
Addl. DHA
(Hospital Administration)

Distributions:-

1. All DCs of Zones, SDMC.
2. All HODs/SDMC.
3. All DCAs /SDMC.
4. Guard File / Office Copy.

Copy for kind Information to:-

1. PS to Hon.'ble Mayor, SDMC for kind information.
2. PS to Chairman, Standing Committee.
3. PS to Cm. for kind Information of Commissioner.
4. All PS of Addl.Cm./SDMC.