

Form No.1**POLICY AND GUIDELINES****DRAF POST-RETIREMENT MEDICAL INSURANCE POLICY AND GUIDELINES FOR THE PUBLIC SERVICE**

Ministry/State Department/Agency Date.....

S/No	Chapter	Section	Provisions of the Policy/ Guidelines**	Proposed Amendment	Rationale for Amendment/ Recommendation (Where necessary)
1.					
2.					
3.					
4.					
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6.					
7.					
8.					
9.					
10.					

*Provide text on exact wording of the provision in the regulations paragraph or sub paragraph

** provide the exact wording of how the proposed amendment to the paragraph or sub paragraph is proposed to read.

Form No. 2**DRAF POST-RETIREMENT MEDICAL INSURANCE SCHEME FOR CIVIL SERVANTS, JUNE 2020**

Ministry/State Department/AgencyDate.....

S/No	Section	Part	Provisions of the Sections*	Proposed Amendment**	Rationale for Amendment/ Recommendation (Where necessary)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*Provide text on exact wording of the provision in the regulations paragraph or sub paragraph

** provide the exact wording of how the proposed amendment to the paragraph or sub paragraph is proposed to read.