

KERALA DAIRY FARMERS WELFARE FUND
DETAILS AND GUIDELINES FOR THE IMPLEMENTATION OF
THE COMPREHENSIVE SOCIAL SECURITY SCHEME

MEMBERS OF THE SCHEME

Farmer who have enrolled as a member o KDFWF on or before 31-03-2011 will be eligible for the benefits of the scheme.

PERIOD OF COVER

Period of coverage of the scheme will be 01-04-2011 to 31-03-2012.

DETAILS OF COVERAGE

Name of Scheme	Category	Amount of assistance	Limited to
Health Scheme	Death due to accident	Rs.50000	20 nos
	Permanent Total Disability due to stock and accident	Rs. 10000	5 nos
	Medical expenses for the treatment of critical illnesses like cancer, cardiac diseases, nephritic diseases, expenses for all surgeries classified as major and requiring confinement in a hospital	Maximum of Rs.15000 or the actual expenses incurred, whichever is less	150 nos
	Medical expenses for the treatment of all contagious diseases notified as such by the public health authorities	A maximum of Rs.2000 or the actual expenses incurred, whichever is less.	60 nos
	Medical expenses for the treatment of zoonotic diseases, particularly affecting dairy farmers	A maximum of Rs.2000 or the actual expenses incurred, whichever is less	20 nos
	Medical expenses for the treatment of snake bites and for anti-rabies inoculation in the case of dog-bites	A maximum of Rs.2000 or the actual expenses incurred, whichever is less	5 nos
	Medical expenses for the treatment of serious injuries that do not require surgery sustained during care of dairy animals	A maximum of Rs.2000 or the actual expenses incurred, whichever is less	50 nos
Social security scheme	For repair of cattle sheds damaged due to natural calamities	A maximum of Rs.3000 or the actual expenses incurred for repair, whichever is less	310 nos

SETTLEMENT OF CLAIM

All applications should be forwarded to this office with proper recommendation of the Dairy Extension Officer concerned and the District Nodal Officer.

The documents to be submitted along with various claims are

Hospitalisation claims (Inpatient only except in case of rabies infection)

(For treatment of Critical illness/contagious diseases / rabies infection / snake bite)

- Proof of members in the KDFWF
- (Valid KDFWF Identity card / attested copy of Form No. 01 with annexure 01/attested copy of concerned membership register maintained by Dairy Extension officer of that block)
- Duly completed claim form (Form No. **KDFWF - CSS/HC** - Model enclosed) with proper recommendations from society personals, DEO and concerned District Nodal Officer of KDFWF
- Discharge summary from hospitals along with original prescriptions / bills duly certified by the concerned doctor.
- Medical Certificate / Attending doctor's certificate.
- (Proforma No. **KDFWF - CSS / MC** -- Model attached)

Note :

- **Hospitalisation claims in ayurvedic and homeopathic hospitals shall be entertained only in case of admission in Government hospitals**
- 'Hospital' / 'Nursing Home ' means an institution registered as a hospital or nursing home with the Local authorities under the supervision of a registered and a qualified medical practitioner and having at least 10 inpatient beds.

Death / Permanent Total Disability (PTD) claims:

- Proof of membership in the KDFWF
- (Valid Identity card / attested copy of Form No.01 with annexure 01/attested copy of concerned membership register maintained by Dairy Extension officer of that block)
- Duly completed claim form (**Form No. KDFWF -CSS / PTD -----Model enclosed**) with proper recommendations from society personals, DEO and District Nodal Officer of KDFWF concerned.
- FIR by the police authorities (in case of vehicle accidents)
- Post Mortem report
- Death certificate
- Medical records including medical certificates and disability certificates.

Any other documents relevant to the claim may call for

Damages to cattle shed

- Proof of membership in the KDFWF
(Valid KDFWF Identity card / attested copy of Form No. 01 with annexure 01/attested copy of concerned membership register maintained by Dairy Extension officer of that block)
- Duly completed claim form (Form No. KDFWF - CSS /NC ---- Model enclosed) with proper recommendations from society personals, DEO and concerned District Nodal Officer of KDFWF.
- Estimate of Loss
- Photograph of the damages sustained.

The KDFWF Office, if needed, shall hold the authority to depute a an officer /director board member of KDFWF to assess the loss.

Note :

- ✓ Submission of application for claims by an applicant does not constitute admission of liability.
- ✓ It is mandatory that an application for a particular claim should include the SBT Account no . (11 digit core banking number) and copy of relevant page of the SBT Pass book (having photo and SBT Account No) .The compensation sanctioned will be credited to the particular account.
- ✓ If it is found out that, fraud documents are submitted for acquiring monitory benefits from the Board. The KDFWF Board reserves the right to initiate legal actions against the defaulter.
- ✓ The application along with relevant documents should reach this office with in 15 days from the date of occurrence of the incident.
- ✓ Member enrolled in the scheme should have remitted monthly contribution and society secretary should certify the same for sanctioning claim amount. The bill submitted by the enrolled member will be verified by a eligible medical practitioner, not below the rank of a civil surgeon engaged by KDFWF on remuneration basis.

02.04 FINANCIAL PARAMETERS

The Government of Kerala has sanctioned 30 lakh rupees as Government share for the proposed Ksheerasuraksha scheme of KDFWF has already been benchmarked in the Kerala State Government Financial Budget for the year 2010-11 under the Head of Account : 2404-00-800-79 of Dairy Development Department.

Chief Executive Officer