

**GOVERNMENT OF ANDHRA PRADESH**  
**ABSTRACT**

Public Services - Andhra Pradesh Government Life Insurance Scheme – Revision of Pay Slabs with reference to Revised Pay Scales, 2005 for deduction of Andhra Pradesh Government Life Insurance compulsory premium – Orders – Issued.

**FINANCE (ADMN.II) DEPARTMENT**

G.O.Ms.No.423

Dated: 29.11.2005.

Read the following:-

1. G.O.Ms.No.368, Finance & Plg. (FW:Admn.II) Department, dated 15.11.1994.
2. G.O.Ms.No.22, Finance & Plg. (FW:Admn.II) Department, dated 24.03.2000.
3. G.O.Ms.No.1304, Finance & Plg. (FW: Admn.II) Department, dated 01.08.2000.
4. G.O.(P) No.213, Finance (PC.I) Department, dated 27.08.2005.
5. From the Director of Insurance, A.P.Hyderabad letter No.36/General/2005-2006, dated 18.10.2005 and 02.11.2005.

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**ORDER:-**

1. In the reference 1<sup>st</sup> read above, Government have introduced the slab rates of compulsory premium towards Andhra Pradesh Government Life Insurance Scheme for the State Government employees.

2. In the reference 2<sup>nd</sup> read above, orders were issued to revise the pay slabs for deduction of Andhra Pradesh Government Life Insurance compulsory premium from all the State Government employees with reference to the Revised Pay Scales, 1999. Subsequently, the orders issued in the reference 2<sup>nd</sup> read above were kept in abeyance until further orders in the reference 3<sup>rd</sup> read above.

3. Consequent on implementation of Revised Scales of Pay, 2005 to the State Government Employees issued in the reference 4<sup>th</sup> read above, it has become necessary to revise the slab rates of premium towards Andhra Pradesh Government Life Insurance Scheme with reference to the pay drawn by them.

4. In the reference 5<sup>th</sup> read above, the Director of Insurance, A.P.Hyderabad has also requested for revising the pay slabs and corresponding monthly compulsory premium towards Andhra Pradesh Government Life Insurance Scheme in accordance with the Revised Pay Scales, 2005 with effect from 01.12.2005.

5. After careful consideration of the proposal of the Director of Insurance, A.P.Hyderabad, Government hereby revise the pay slabs alongwith corresponding monthly premium with reference to the Revised Scales of Pay Rules, 2005 towards Andhra Pradesh Government Life Insurance Scheme for implementation with immediate effect as specified below

Existing Slabs Rates		Revised Slab Rates	
Pay Slabs	Monthly Premium Rs.	Pay Slabs	Monthly Premium Rs.

Pay upto Rs.1625	50.00	Pay upto Rs.4825	150.00
Pay from Rs.1626 to Rs.2075	75.00	Pay from Rs.4826 to Rs.6195	200.00
Pay from Rs.2076 to Rs.2750	100.00	Pay from Rs.6196 to Rs.7770	250.00
Pay from Rs.2751 to Rs.3750	125.00	Pay from Rs.7771 to Rs.9775	350.00
Pay from Rs.3751 to Rs.5200	150.00	Pay from Rs.9776 to Rs.12640	450.00
Pay from Rs.5201 and above	200.00	Pay from Rs.12641 and above	600.00

6. The above revised premium rates shall be effected from the pay of December, 2005 payable on 01.01.2006.

7. All the employees must increase their premiums according to the revised rates specified above and also submit requisite proposal form after recovery of first revised premium from the salary (proforma enclosed) and take an Insurance Policy from the Insurance Department

8. The Drawing and Disbursing Officers concerned are solely responsible for effecting the recovery of revised premium from all the eligible employees (i.e. who are below 48 years of age) from the pay of December, 2005 duly forwarding the requisite proposal forms and obtaining the requisite policies from the Insurance Department.

9. The Director of Treasuries and Accounts, A.P.Hyderabad is requested to issue suitable instructions to all the District Treasury Officers/Treasury Officers that the above revised premium rates with reference to new pay slabs are immediately implemented and ensure cent percent coverage of eligible employees under Andhra Pradesh Government Life Insurance Scheme by 31<sup>st</sup> January, 2006. The District Treasuries and Sub-Treasuries/Pay & Accounts Officers should verify the collection of premium as per the slab rates before passing the salary bills. The Director of Insurance shall ensure that policies are issued to all the subscribing employees immediately.

10. 10. All the Departments of Secretariat/Heads of Departments are requested to issue suitable instructions to all their subordinates especially Drawing and Disbursing Officers to ensure that all eligible employees are brought under the Andhra Pradesh Government Life Insurance Scheme before the end of January, 2006.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

**RANJEEV R.ACHARYA**  
SECRETARY TO GOVERNMENT (FP)

FORM NO.1-A

ANNEXURE  
DIRECTORATE OF INSURANCE GOVERNMENT OF  
ANDHRA PRADESH:: HYDERABAD-1

POLICY NO. \_\_\_\_\_

REGIONAL OFFICE

PROPOSAL No. \_\_\_\_\_

PROPOSAL FOR FURTHER INSURANCE

(PLEASE ANSWER THE QUESTIONS FULLY AND DISTINCTLY)

1. Name in full (Block Letters): \_\_\_\_\_ Female/Male
2. Father's Name in full : \_\_\_\_\_ Address: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_
3. 3. Are you Married: \_\_\_\_\_  
 If married mention: \_\_\_\_\_
  - (i) (i) No. of children Living and their present ages:
  - (ii) (ii) No. of childrens dead with ages & year of death:
4. 4. Details of Service in State Government:
 

	(a)	(a)	Date of First Appointment:		
	(b)	(b)	Present/Substantive post held if any:	Pay	
			Scale		
5. 5. If already insured with  
 DIRECTORATE OF INSURANCE: POLICY NO./ MONTHLY  
 NOS. PREMIUM
  - a) a) (to be filled after verifying policy documents)
  - b) b) Proposed monthly premium (deducted from the  
 Salary Challan remitted)
6. 6. a) Mention the date as on which the previous  
 assurance was issued: \_\_\_\_\_  
 b) Are you in good health?  
 c) c) (a) Has you health been effected since the  
 date of mentioned at (a) is so, give full  
 particulars of the illness and treatment  
 and treatment undergone alongwith  
 copies of medical certificate if any.  
 (b) Give particulars of leave applied for if any  
 on Medical Grounds, if none, state 'NIL':  
 © Have there been any serious illness or  
 death among the members of your family

since the date mentioned in answer to (a) above?

Give details if any.

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**(FOR FEMALES ONLY)**

7. 7. Have your periods been regular and painless and are they so now?
8. 8. State the last date of your last menstruation:
9. 9. When was your last confinement?
10. 10. Are you pregnant now?
11. 11. Have you had any miscarriages?
12. 12. Details of Nominations:
- (a) (a) Name of the Nominee/Nominees:
- (b) (b) Name of Nominee's Father:
- (c) (c) Relationship of Nominee to the proponent:
- (d) (d) Present age of the Nominee/Nominees:
- (e) (e) Share/Shares.

I do hereby declare that the above answers and particulars are correct and true that I have not withheld any information for an assurance on my life.

Date: \_\_\_\_\_

Signature of the person whose  
Life is proposed to be assured.

**CERTIFIED BY THE OFFICER BEFORE WHOM THE PROPOSAL IS SIGNED**

I certify that the service particulars and other particulars stated above are correct and the proposer is now on leave at the time of declaration and the proponent's signature has been a fixed in my presence. The first premium for further insurance is recovered at Rs. \_\_\_\_\_ in all Rs. \_\_\_\_\_ from the pay of \_\_\_\_\_ vide token No. \_\_\_\_\_ dated: \_\_\_\_\_ and Cheque No. \_\_\_\_\_  
Dated \_\_\_\_\_.

Station: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Designation: \_\_\_\_\_

OFFICE SEAL

N.B. – NOMINATION IS COMPULSORY.