

GOVERNMENT OF RAJASTHAN
FINANCE (EXCISE & REVENUE) DEPARTMENT

NOTIFICATION

No. F. 4(36)FD/Revenue/96-Part

Jaipur, dated: 12th September, 2008

Subject: Amendment in the Rajasthan Government Servants' Insurance Rules, 1998.

In exercise of the powers conferred by the proviso to Article 309 of the Constitution and Rule 21 of the Rajasthan Service Rules, 1951, the Governor hereby makes the following rules to amend further the Rajasthan Government Servants' Insurance Rules, 1998, namely: -

1. (i) These rules may be called the Rajasthan Government Servants' Insurance (Amendment) Rules, 2008.
- (ii) These rules shall come into force with effect from 01.04.2009.
2. The existing clause (i) of sub-rule (1) of Rule 11 shall be substituted by the following, namely: -

"(i) The monthly premium payable by the insured under the insurance scheme shall be as specified: -

S. No.	Pay Slab based on total of Running Pay Band and Grade Pay	Rate of Monthly Premium (Rs.)
(a)	Rs.6050/- to Rs.8500/-	180/-
(b)	Rs.8501/- to Rs.11000/-	240/-
(c)	Rs.11001/- to Rs.18000/-	480/-
(d)	Rs.18001/- to Rs.28000/-	720/-
(e)	Above Rs.28000/-	1200/-

Explanation: -

- (i) The assured official is not required to fill in the declaration for further assurance in relaxation of provision of clause (ii) of sub-rule (1) of Rule 11.
- (ii) The new slab rates would be applicable to salaries of March paid in April, 2009."

3. The existing sub-rule (2) of Rule 11 shall be substituted by the following, namely: -

"(2) An insured person may at his option, contribute premium of either of the rates specified in the next two slabs over the premium rate applicable to him under clause (i) of sub-rule (1) of Rule 11 provided that an insured person paying normal premium at the rate of Rs.720/- per month or Rs.1200/- per month may contribute either Rs.1200/- per month or Rs.1500/- per month."

By Order of the Governor,

(Subhash Garg)

Principal Secretary to the Government

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कायलिय आयुक्त, राज्य बीमा स्वम प्रावडायाी निधि विभाग, राज् कयपुर

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क्रमांक नं- 19/बीमा/व्यवपदति/94-95/647670 दिनांक:- 13/10/08
पुतिलिपि निम्नांकित को सूचनाई स्वम आवश्यक कार्यवाही हेतु प्रेषित है:-

1. समस्त अधिकारीगणा, मुख्यालय
2. अतिरिक्त निदेशक, राज्य बीमा स्वम प्रावडायाी निधि विभाग सम्भाग
3. उपसहायक निदेशक, राज्य बीमा स्वम प्रावडायाी निधि विभाग जिला कार्यालय
4. समस्त पर्यवेक्षक/अटिक्/लेखाकार/लेखानुभाग/संस्था/मुख्यालय
5. निजी सहायक आयुक्त महोदय।
6. रक्षित पत्रावली।

अतिरिक्त निदेशक, राज्य बीमा स्वम प्रावडायाी निधि विभाग
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