**Civil Servants’ Welfare Scheme**

*By the civil servants, for the civil servants, and of the civil servants*

**Background**

It is the policy of the Civil Service to “pay adequate remuneration, allowances and benefits to the civil servants.” However, in the current civil service system, there is only a 21 days bereavement leave in the event of death of “a family member, parent, spouse’s parent, and sibling”. Therefore, the Civil Servants’ Welfare Schemeis an initiative of the RCSC whereby every civil servant would have to make a monthly contribution of small amount for which a lump-sum amount would be given to a civil servant in the event of death of his/her dependant, and to the dependant in the event of death of a civil servant.

**Objectives**

* Make Civil Service attractive through financial benefits
* Help attract, motivate and retain the best
* Take care of the civil servants from entry till exit and beyond superannuation
* Help civil servants help themselves especially during the time of death because it is a costly affair

**Scope**

1. All **regular** civil servants are members of this scheme by default. The direct dependants of the civil servant can benefit from this scheme.
2. **Direct Dependants:**

* Parents
* Spouse(s)
* Children (CID number allotted by DCRC would be the basis for the child to be an eligible dependant)

The members must update the list of dependants annually in the Nomination Update Form(**Annexure 1**).

1. The civil servants upon superannuation can continue being members of the scheme and have their monthly contribution deducted at source from pension. However, those civil servants who are due for superannuation between the period of 17 December, 2014 to 30 June, 2015 cannot be the member of the scheme.

The membership would not extend to the expatriates and contract civil servants.

**Monthly contribution:**

* The contribution would be deducted at source by the respective Accounts Sections/NPPF and deposited into the welfare account
* Upon superannuation, civil servants will be conferred Lifetime Membership Certificate (**Annexure 2**).

|  |  |  |  |
| --- | --- | --- | --- |
| **Position category** | **No. of civil servants** | **Contribution** | **Total collection** |
| Executive & Specialists | 237 | 300 | 71,100 |
| Professional & Management | 12,955 | 150 | 19,43,250 |
| Supervisory & Support | 9,926 | 100 | 9,92,600 |
| Operational | 2,114 | 75 | 1,58,550 |
| **Total** | **25,232\*** |  | **31,95,500** |

*\*Bi-annual June 2014*

**Payment:**

* Nu. 75,000 in the event of the death of a member; same amount would be paid for the death of an additional member
* Nu. 35,000 in the event of the death of a dependant
* The *semso* grant will be a tax-free monetary benefit
* No reimbursement of any kind would be made for people opting out of the scheme or for those who have not made a single claim
* 8 months (November 2014 – June 2015) would be the period for building the corpus for the scheme; the payouts would commence only from 1 July, 2015.

**Claiming procedures:**

Submit the duly filled form and documents

(Claimant)

Verify (involve Civil Registration & Census Section and Geog Administration if the claim appears to be fraudulent)

(HR Officer)

Approve

(Head of the Agency)

Payment

(Accounts Officer)

* HR Officer must submit monthly reports to the Welfare Unit through the respective HR Committees

**Documents needed:**

1. Duly filled form (**Annexure 3**)
2. Photocopy of the citizenship identity card of the claimant
3. Photocopy of the citizenship identity card of the deceased
4. Death certificate or a statement from the Gup certifying the death
5. Marriage certificate in case of a claim is being made for the spouse

**Administration:**

1. **Formation of Welfare Committee** (Composition)
2. Commissioner Chairperson
3. Director Member
4. Chief Planning Officer Member
5. Legal Officer Member
6. Chief HR Officer (HRMD and/or HRDD) Member
7. Head (Welfare Unit) Member Secretary
8. **Board of Trustees** with the following composition:
9. Chairperson, Welfare Committee Chairperson
10. Director General, DPA, MoF Member
11. Director General, DMS, MoH Member
12. Director, DCRC, MoHCA Member
13. Focal Officer, EWS, MoE Member
14. One representative of civil servants

(at P level, preferably female) Member

1. Head, Welfare Unit, RCSC Member Secretary

* The accounts of the scheme would be maintained on the RCSC website
* It would be subject to audit
* **The form would be made available on** [www.rcsc.gov.bt](http://www.rcsc.gov.bt)
* The viewing rights for the status of the scheme would extended to only the HR Officers
* The report on the scheme will be published bi-annually

***Annexure 1***

ROYAL CIVIL SERVICE COMMISSION

Civil Service Welfare Fund

**Nomination Update Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information about the member**

* Full name:
* EID no.:
* Citizenship identity card no.:
* Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information about the nominee(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. #** | **Name** | **CID number** | **Relationship** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

\*Add rows if required

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Undertaking:**

I, hereby do confirm that the above list of nominees are my authentic dependants.

Sd/

Place: (Legal stamp)

Date: Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For RCSC use:**

**Verified by the HR Officer:**

Date

Name

Signature

Official seal

***Annexure 2***

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ROYAL CIVIL SERVICE COMMISSION

Civil Servants’ Welfare Scheme

**Lifetime Membership Certificate**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In recognition of a lifetime of dedicated service to Tsa-Wa-Sum the Royal Civil Service Commission

has the pleasure to confer the lifetime membership to Civil Servants’ Welfare Scheme in respect of Dasho/Mr/Ms…………………………………………..…………………………………………………..…………………bearing CID

number…………………………………………………….…….…………who has superannuated from the Civil Service

(Agency……………………………………..…………………......…………………………..) on……………………………………….….

This lifetime membership is a continuation of the scheme under the same terms and conditions as applied to the serving civil servants. The civil servants upon superannuation will have to make the monthly contribution from pension.

Wishing you a happy and fulfilling retirement.

Chairperson

Royal Civil Service Commission

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For RCSC use:**

**Received by Welfare Unit:**

Date

Name

Signature

Official seal

***Annexure 3***

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ROYAL CIVIL SERVICE COMMISSION

Civil Servants’ Welfare Scheme

**Claim Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. **Information about the deceased**
  + Full name:
  + Citizenship identity card no.:
  + Date of death (dd/mm/yyyy):
* Civil servant? (Please tick) Yes No

If yes, provide the information below:

* + EID no.:
  + Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. **Information about the claimant**
* Full name:
* Citizenship identity card no.:
* Relationship to the deceased:
* Civil servant? (Please tick) Yes No

If yes, provide the information below:

* + EID no.:
  + Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. **Attach the following documents:**
* Photocopy of the citizenship identity card of the deceased
* Photocopy of the citizenship identity card of the claimant
* Death certificate or a statement from the Gup certifying the death
* Marriage certificate in case of claim for the spouse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Undertaking:**

I, hereby do confirm that the above information is true to the best of my knowledge. In the event the above declaration is found to be incorrect, I shall be liable for action as per the law of the land.

Sd/

Place: (Legal stamp)

Date: Signature

**For official use only:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification by the HR Officer:**

Date

Name

Signature

Official seal

**Approval by the Head of the Agency**

Date

Name

Signature

Official seal

**Payment by the Accounts Officer**

Paid to:……………………………………………………………….............................Nu…………………………………………….

in cheque (no.)………………………………..........dated.....................................being *semso* grant in favour

of late………………………………………………………….bearing CID no…………………………………………………………….

Name

Signature

Official seal