

**Pension Circular No.08/2014**

My No: PN/Circular/2014

Department of Pensions

Maligawatte,

Colombo 10.

φ.07.2014

To all District Secretaries,  
Divisional Secretaries.

**Implementation of “Buhuman” insurance plan for senior citizen pensioners**

The Asian Alliance Insurance Company with collaboration of the Department of Pensions has introduced an insurance scheme named as “Buhuman” for the “protection of senior citizens” with the aim of strengthening the standards of lives of the employees retiring from the government service. This insurance scheme which is specially introduced for the retired government employees to secure social and financial status of the insured and the dependents will cover the disabilities and the deaths occurred due to accidents and will provide financial assistance in the funerals, injuries and also will facilitate to reimburse the hospital charges when hospitalized.

The Divisional Secretariats are informed to adhere to the follow instructions when implementing this insurance scheme.

- 01.** Two copies of form PI-1 introduced by the Department of Pensions should be duly filled in by the officer attached to the pension division in respect of each pensioner interested in joining this insurance scheme and one copy should be forwarded to the insurance company while the other copy attached to the pension file.
- 02.** The details of the initial premium and subsequent monthly premiums to be paid during the policy period by the pensioners who joined to this insurance scheme should be deducted from monthly pension and be uploaded to the database by adding the relevant information.

03. The pensioner should be notified when the insurance policy received from the Insurance Company and a copy thereof should be attached to the pension file.
04. The collection of total monthly premiums of all pensioners insured under this insurance scheme should be sent to the Asian Alliance Company through a cheque by each Divisional Secretariat.
05. Senior officers of the Divisional Secretariat should be informed and assigned the responsibilities to treat promptly and pleasantly the pensioners applying for this insurance scheme and the Insurance Company when the service is requested.

This circular is issued with concurrence of the Ministry of Public Administration and Home Affairs.

Your fullest cooperation is expected in succeeding this programme to secure living standards of senior citizen government pensioners scattered around Sri Lanka.

**Sgd./ S S Hettiarachchi**  
**Director General of Pensions**

Copies to:

01. Secretary to the President
02. Secretary to the Prime Minister
03. Secretary to the Cabinet of Ministers
04. Secretary to the Ministry of Public Administration and Home Affairs
05. Secretary to the Ministry of Finance and Planning
06. Auditor General



# Buhuman

## Application for Senior Citizen Protection



Department of Pensions

01. Divisional Secretariat:

\_\_\_\_\_

02. Grama Seva Division:

\_\_\_\_\_

03. Full Name:

\_\_\_\_\_

04. Name with Initials:

\_\_\_\_\_

05. Retirement Fund No.:

\_\_\_\_\_

06. N.I.C. No.:

\_\_\_\_\_

07. Residential Address:

\_\_\_\_\_

08. Date of Birth:

\_\_\_\_\_

09. Name of bank or post office of which pension plan will be collected from: (include branch name)

\_\_\_\_\_

10. Account No.:

\_\_\_\_\_

11. Date of Retirement:

\_\_\_\_\_

12. Telephone No.:

\_\_\_\_\_

13. Registration date of policy:

\_\_\_\_\_

14. Preferred Policy Scheme: Plan 1  Plan 2  Plan 3

15. Do you wish to obtain a Critical Illness Insurance cover?

Yes  No

16. Name of beneficiary and N.I.C. No.:

\_\_\_\_\_

17. Do you;

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| i) Engage in any sport generally considered "dangerous"?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Suffer from any mental or physical infirmities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Physically disabled or have any permanent disability due to an injury or sickness?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Have undergone any surgery or sought medical advice or have been hospitalised as an inpatient in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answers to any of the questions above is "Yes", please provide further information.

\_\_\_\_\_

I do hereby declare my consent to recover Rs. \_\_\_\_\_, being the premium for 'Buhuman' Insurance Scheme provided by Asian Alliance Insurance PLC, as introduced by the circular No. 08/2014, dated 04/07/2014 issued by the Department of Pensions.

\_\_\_\_\_  
Signature of the Declarant

I declare that the above stated information is correct.

For office use only

\_\_\_\_\_  
Divisional Secretary

Date: \_\_\_ / \_\_\_ / 20\_\_\_

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Pride of a Generation

Department of Pensions



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