EMPLOYEE ENROLLMENT FOR HEALTH CARD UNDER EHS SCHEME

USER MANUAL

The purpose of the document is to make the user understand how to get enrolled in the EHS scheme. Employee once enrolled under the scheme will be issued Health Card and avail the benefit. If not enrolled, he/she cannot avail the benefits under the scheme. The document will give a complete screen shots of how the employee needs to enroll under the scheme. The guidelines of the scheme is inbuilt in the software application so that it will guide the user on how to get enrolled under the scheme.

- 1. Login to the EHS web portal using the URL <u>www.ehf.gov.in</u>.
- 2. Login as Employee with respective Employee ID & Password as shown in screen shot I.



Screen Shot I

- 3. Click on 'Registrations' tab as shown in screen shot II.
 - Initiate Health Card/View Application: This is to initially enroll for an health card or to view the already enrolled application.
 - Initiate New/Rejected Beneficiaries: This is to add beneficiary or to remove already added beneficiary.
 - **Download Health Card:** For downloading the health card, initially the submitted application has to be approved.
 - **Case Sheet:** To check the status of patient health record.
- 4. Click on **Registrations** \rightarrow **Initiate Health Card/View Application** as shown in screen shot II.

EMPLOYEES HEAL	TH SCHEME ^T Designation : Employee	No.	(n) (b) (c) (c)
Registrations			
Initiate Health Card/View Application Initiate New/Rejected Beneficiaries Download Health Card	Click here to apply for health car RAMULU Welcome To Employees Health Scheme	d	Message "Employees Health Scheme is
Case Sheet	Basic Information Gender: -NA- Employee Type: Employee Contact Information	• •	intended to provide cashless treatment to all the State Government employees including the State Government pensioners, along with their dependent family members
ANY ISSUE OR COMPLAINT	Work Details Address Details	 (+) (+) 	through a network of empanelled hospitals of Aarogyasri Health Care Trust." Hoghle Chief Minister
Help Desk 🛛 💙 <u>104 Services</u> Find Nearest 🖓	Health Card Status	÷	RNOWLEDGE
Know more About 🛛 😵			

Screen Shot II

5. On clicking on **'Initiate Health Card/View Application' tab**, a screen will be displayed wherein the user(employee) has to provide either Aadhaar No. (or) Aadhaar Enrollment No. for applying for an Health Card as shown in screen shot III.

STATE GOVERNMENT EMPLOYEES HEALTH S Registrations	NACUON.CO72CUONFIAg=CheckLogin Welcome : RENUKA Designation : Employee	
Aadhar Number 💿 Aadhar Enrollment Number 🔿	APPLICATION FOR EMPLOYEE CARD Aadhar Number* 457988989898 Enter 14 – digit Aadh	Retrieve Details Retrieve Details Click here to retrieve details

Screen Shot III

- 6. On selecting either of the radio button(Aadhaar No. (or) Aadhaar Enrollment No.), a text box is provided for entering the Aadhaar/Aadhaar Enrollment No., Once entered the appropriate number, click on 'Retrieve Details' button as shown in screen shot III.
- 7. On clicking 'Retrieve' button, a page will be displayed as shown in screen shot IV wherein all the mandatory details to be filled by the user(employee) which includes personal details(includes Date of Joining),address details(Residential + office address),identification details,**posting details,pay details**,CIC details.

Employee Card Application

	/loginAction.do?actionHag=checkLogin		<u>کر</u>
STATE GOVERNME		: RENUKA	
	n əgneme		
	APPLICATION	FOR EMPLOYEE CARD	
Login Name	Aadhar Number 💿		
2134014	Aadhar Enrollment Number ()	Aadhar Number* 457988989898	
	PERSC	DNAL DETAILS	
Name*:	Date Of Birth*:	Gender*:	Marital Status*:
RENUKA	10/04/1984	🔿 Male 💿 Female	Married 💌
Date of Joining *:	Community*:	Disabled*	
06/12/2004	Others	O Yes 🖲 No	
	ADDRE	ESS DETAILS	
Residential Address:			
House No*:	Street No*:	District*:	Mandal/Municipality*:
45	2	Chittoor 💌	Mandal 🔹
Mandals/Municipalities*:	Villages/Cities/Towns*:	Email:	Mobile Number*:
K.V.PALLE	SORAKAYALAPETA		888888888
Office Address:			
House No*:	Street No*:	District*:	Mandal/Municipality*:
12	3	Chittoor	Mandal
Mandals/Municipalities*:	Villages/Cities/Towns*:	Email:	Mobile Number:
K.V.B.PURAM	MATTAM		
	IDENTIEIC	ATION DETAILS	
Ration Card No:	Identification Marks 1*:	Identification Marks 2:	
	test		
	POSTI	ING DETAILS	
HOD*:	District*:	DDO Code*:	Designation*:
A.P.State Disaster Response a 💌	Chittoor	Assistnat Distrirct Fire Officer(1 💌	Superintendent
Service*:	Category*:		
AP Ministerial Service	Class A-Category 1 Superinten 💌		>
	PAY	Y DETAILS	
Pay Source*:	PRC*:	Pay Grade*:	Current Pay*:
UGC 💌	1986		2200-75-2800-100-4000
	CARD ISSUIN	G CENTER DETAILS	
CIC District*:	CIC Name*:		
Guntur	Guntur	NUTE: Please Select CIC To Collect Your Health Card After Approval.	π
	To save Save	Reset To erase the & re-enter the	data e details

Screen Shot IV

8. After providing the mandatory information, the user(employee) needs to 'save' the application form. On clicking save button, a message will be displayed as 'Enrollment application saved successfully' as shown in screen shot V.

EMPLOYEES HEALTH SCHEME	Designation : Employee		Kar	(1) (1) (2) (3)
Er	e page at applent govin says: nroll application saved successfully			
L		ОК		

Screen Shot V

9. Once the application form is saved, the user(employee) has a provision to 'add family member details' as shown in screen shot VI.

EMPLOYEES HEALT	TH SCHEME	Designation	: Employee	(n) (f)) (?) (&)
Registrations					
HOD*:	District*:		DDO Code*:	Designation*:	
A.P.State Disaster Response a 💌	Chittoor	•	Assistnat Distrirct Fire Officer(1 💌	Superintendent	
Service*:	Category*:				
AP Ministerial Service	Class A-Category 1 S	Superinten 💌			
		PAYD	DETAILS		
Pay Source*:	PRC*:		Pay Grade*:	Current Pay*:	
UGC	1986	•		2200-75-2800-100-4000	•
		CARD ISSUING	CENTER DETAILS		
CIC District*:	CIC Name*:				
Guntur	Guntur	•	NOTE: Please Select CIC To Collect Your Health Card After Approval.		
	Family I	Member Details		Add Bene	ficiary
					Add Beneficiary
		No Rec	ords Found	click here to add family o	dependent de
	Save Reset Si	ubmit Application	Add Attachments Print Applic	ation	
	Please click o	on Save button before	e clicking on Print Application button		

Screen Shot VI

ADD BENEFICIARY SCREEN

NOTE: If the dependent family member **DOB** is below 5years, then it requests for **DOB** certificate and Photo.

	app.ehf.gov.in/EHF/empEnrolmntAction.do?actionFlag=addBenfry	&flag=add&enrolParentId=EMP115448
EMP	Date Of Birth* DOB below 5	yrs
Registration		Beneficiary Details
HOD*:	Name*	Gender*
A.P.State D	rinu	○ Male Female
Service*:	Relationship*	Member disabled?*
AP Minister	Daughter	C Yes 🖲 No
Pay Source ⁴ UGC	DOB Certificate* Choose File 9.jpeg Photo* Choose File 11.jpeg	If DOB below 5yrs, then it request for DOB certificate & photo
CIC District Guntur		Submit Reset Close

NOTE: If the dependent family member **DOB** is above 5years, then it requests for Aadhaar card certificate and Photo.

€ ⇒ C []	🧿 Beneficiary Details - Google Chrome							
STATE	app.ehf.gov.in/EHF/empEnr	rolmntAction.do?actionFlag=addBenfry8	&flag=retri	ieve&enrolParentId=EMP115443	00			
EMPLO			If DO					
Registrations	Date Of Birth* 🛛 🙆 Aadhar ID 🖨 Enrollment ID			then it requests for aadhaar certificate & photo				
A.P.State Disas	08/12/1999	Family Member Aadhar No	256984	736458				
Pay Grade * :				Beneficiary Details				
	Name*			- Gender*				
	testt]		⊙ Male ⊖ Female				
Pension Office D	Relationship*			Member disabled?* click on 'NO' if member is disable	be			
APPO HYDERA	Father 💌]		• Yes (No	su			
	Disability*			Disability Percent*				
CIC District*:	tt]		100				
Hyderabad	Disability Certificate*			Aadhar Certificate*]			
	Choose File 11.jpeg			Choose File 13.jpeg	ficiary			
Aadhar/Enrolime	Photo*			(Percet to				
No	Choose File 9.jpeg			erase the entered data				
NA	click here	Submi	t R	leset Close To close the	× 🖉			
	to submit the el	ntered details		particular window				

NOTE: If the **dependent family member spouse is Govt Employee/Govt Pensioner/Others,** then it requests for:

For Example:

If the Spouse is a Government Pensioner:

Govt. Pensioner: it requests for Employee/Pensioner ID,HOD,Last Posted District,Pension Office District,STO Office Unit, Pay Source,PRC, Pay Grade, Aadhaar Certificate & Photo.

Date Of Birth*	Aadhar ID Enrollment ID					
04/12/1989	Family Member Aadhar No 877666767858					
	Be	eneficiary Details				
Name*		Gender*				
test		Male Female				
Relationship*		Member disabled?*				
Wife	•	🔿 Yes 💿 No				
Whether your spous	e is 🕥 Government Employee 💿 Government Pensioner 🔵	Others				
Employee/Pensione	r ID*:					
p011319733						
HOD		Last Posted District*:				
A.P.State Disaster	r Response a 💌	DTO GUNTUR				
Pension Office Distr	rict*:	STO Office Unit*:				
DTO MEDAK	•	DUBBAK(1803)				
Pay Source*:		PRC*:				
UGC	•	1986				
Pay Grade*:						
	-					
Aadhar Certificate*						
Choose File DOB	B.jpg					
Photo*						
Choose File 2.jp	g					

If the Spouse is a Government Employee:

Govt. Employee: it requests for Employee/Pensioner ID,HOD, District, DDO Code, Designation,Service,Category,Pay Source, PRC, Pay Grade, Current Pay, Certificate, Photo & Service Register Attachment.

Benefik	ciary Details
Name*	Gender*
test	Male Female
Relationship*	Member disabled?*
Husband	Yes O No
Whether your spouse is 💿 Government Employee 🌓 Government Pensioner 💿 Ott	iers
Employee/Pensioner ID*:	
2133915	
HOD*:	District*:
A.P. State Disaster Response a	Prakasam 💌
DDO Code":	Designation*:
Assistnat Distrirct Fire Officer((Superintendent 🔹
Service*:	Category*:
AP Ministerial Service	Class A-Category 1 Superinten 💌
Pay Source*:	PRC*:
UGC	1986
Pay Grade*:	Current Pay*:
	3700-125-4950-150-5700
DOB Certificate*	
Choose Filejpg	
Photo*	
Choose File 1.jpg	
Service Register Attachment*	
Choose File 2.jpg	
Submit	Reset Close

Conditions for adding beneficiary:

- (1) If the dependent family member DOB is above 5 years, then it requests for Aadhaar card certificate and Photo.
- (2) If the dependent family member DOB is below 5years, then it requests for DOB certificate and Photo.
- (3) Beneficiary once added for any relationship, cannot be added twice in dependent family
- (4) members details.
- (5) Son's age greater than 25 can not be added. If son is disabled, then age greater that 25 will be
- (6) accepted.
- (7) Dependent's daughter age greater than 25 is acceptable.
- (8) Relationship and Gender must match.

10. After adding the family member details, the user(employee) can find few options like:

- Save: Save tab is to save the enrolled application.
- **Reset:** Reset tab is to erase the entered data and re-enter the details.
- **Submit Application:** is to submit the filled application form.
- Add attachments: Relevant attachments to be added either mandatory or non mandatory.
- **Print Application:** In order to print the application, the user should for compulsion click on save button.

as shown in screen shot VII.

EMPLOY	EES HE	ALTH	SCHEME	† De	signation	: Employee					(1)) (?) 🕝
Registrations													
A.P. State Disaster	Response a		Crittoor			Assistnat D	istriict Fire	Ollicer(1 🔟		superintenuel	nu	•	
Service*:			Category*:										
AP Ministerial Serv	ice	-	Class A-Categ	ory 1 Superinte	en 💌								
					PAYI	DETAILS							
Pay Source*:			PRC*:			Pay Grade*:			Ci	urrent Pay*:			
UGC		-	1986		-			•	2	200-75-2800	-100-4000	-	
	CARD ISSUING CENTER DETAILS												
CIC District*:			CIC Name*:										
Guntur		•	Guntur		•	NOTE: Pl Your Healt	ease Select :h Card Aft	t CIC To Colle er Approval.	ect				
			F	amily Member I	Details						Add Ben	eficiary	
Aadhar/Enrollment No	Name	Gender	Relationship	Date Of Birth	Disabled	Disability	Disability Percent	Disability Certificate	Photo	DOB Certificate	Aadhar Certificate		
NA	rinu	F	Daughter	01/12/2012	N	NA	NA	NA	<u>View</u>	View	NA	\times	
		Sa	ve Reset	Submit A	oplication	Add Atta	chments	Print Ap	plicatio	n			
	Please click on Save button before clicking on Print Application button												

Screen Shot VII

11. Before submitting the application, the user has a provision to add mandatory attachments and then to 'print the application' for verification/cross checking purpose. Once done with verification, the user can submit the application form as shown in screen shot VIII.

EMPLOY	EES HE	ALTH	SCHEM		esignation	: Employee				Sil	1) (?)
Registrations													
A.P. State Disaster	Response a		Crittoor			Assistnat D	istrirct Fire	Ollicer(1 🚬	JE	sapenntenaer	n		Γ.
Service*:			Category*:										
AP Ministerial Serv	ice	-	Class A-Cate	gory 1 Superint	en 💌								
PAY DETAILS													
Pay Source*:			PRC*:			Pay Grade*:			C	urrent Pay*:			
UGC		-	1986		-			-	2	200-75-2800	-100-4000	-	j.
				The page at app	.ehf.gov.in s	ays:		X					
CIC District*:			CIC Name*	Did you check ou	ur details in prir	nt application form	n?If 'NO', plea:	se					
Guntur		•	Guntur	verity your detai submission.	is clicking on pr	print application button before D Collect			ect				
						OK	Cance				Add Bene	ficiary	
Aadhar/Enrollment No	Name	Gender	Relationship	Date Of Birth	Disabled	Disability	Disability Percent	Disability Certificate	Photo	DOB Certificate	Aadhar Certificate		
NA	rinu	F	Daughter	01/12/2012	Ν	NA	NA	NA	View	View	NA	$\boldsymbol{\times}$	
													_
		Sa	ve Reset	Submit A	pplication	Add Atta	chments	Print Ap	plicatio	n			
			Pleas	e click on Save l	button befor	e clicking on P	rint Applicati	ion button					

Screen Shot VIII

NOTE: Once the application form is submitted, the user has no provision to modify the details.

12. On clicking 'Submit Application', a message ' Enrollment initiated successfully with Enrollment ID EMP222222 and signed application form is pending to upload' will be displayed as shown in screen shot IX.

EMPLOYEES HEALTH SCHEME ^T Designation : Employee	1 🔒 🕜
Registrations	
The page at app.ehf.gov.in says:	
Enrollment initiated successfully with enrollment ID EMP115448 and signed application form is pending to upload	
ОК	

Screen Shot IX

- 13. Once the enrollment initiated successfully, the user(employee) needs to attach the signed application form as shown in screen shot X.
 - Submit for Approval: is to submit the verified application to the concerned person.
 - Add attachments: is a provision to upload the scanned copy of the signed application form.
 - View Attachments: is to view the previously added attachments.
 - **Print/View Application:** is to view the printed application.

EMPLOYEES HEALTH SCHEME ^T Designation : Employee											?	
POSTING DETAILS												
HOD*:			District*:			DDO Code*:			Designation*:			
A.P.State Disaster Response a 💌			Chittoor			Assistnat Distrirct Fire Officer(1 🗾			Superintendent			
Service*:			Category*:									
AP Ministerial Service			Class A-Category 1 Superinten 🗾									
PAYDETAILS												
Pay Source*:			PRC*:			Pay Grade*:			Current Pay*:			
UGC	-		1986	~					2200-75-2800-	100-4000	-	
CARD ISSUING CENTER DETAILS												
CIC District*:			CIC Name*:									
Guntur			Guntur NOTE: Please Select CIC To Collect Your Health Card After Approval.) Collect roval.				
Family Member Details												
Aadhar/Enrollment No	Name	Gender	Relationship	Date Of Birth	Disabled	Disability	Disability Percent	Disability Certificate	Photo	DOB Certificate	Aadh: Certific	
NA	rinu	F	Daughter	01/12/2012	N	NA	NA	NA	View	View	NA	
Submit for Approval Add Attachment View Attachments Print/View Application												
	Please Click Or Submit for Approval Button To Upload The Scanned Copy Of Your Signed Application Form.											

Screen Shot X

14. On clicking 'Submit for Approval', a message ' Submitted successfully and pending with trust for verification' will pop up as shown in screen shot XI.

EMPLOYEES HEALTH SCHEME Designation : Employee	
Registrations	
The page at app.ehf.gov.in says:	
Submitted successfully and pending with trust for verification	
ОК	
Screen Shot XI	

Process Flow after the user(employee) submits the application form:

Once the user(employee) submits the application form, the form moves to executive(trust) for approval process wherein the the executive has option to Verify/Reject/On hold/Add attachments/Close.

Verify: Once the application form is verified, the request will go to concerned DDO for further process. DDO has an option to either Approve/Reject the application form. If Rejected, it goes back to employee for correction. If Approved, the application form goes to the card vendor wherein a temporary card will be generated for the beneficiary.

Reject: Once the application form is rejected, the application form is sent back to the user(employee) for verification process.

On Hold: Executive has a provision to keep the request 'on hold'. If the request is on hold, it goes to Team Leader(TL) wherein he has a provision to either Approve/Reject the application form. If Rejected, it goes back to employee for correction. If Approved, the application form goes to the concerned DDO and the process flows again from DDO.