

National Policy on Senior Citizens 2011

Preface

The National Policy on Older Persons was announced by the Government of India in the year 1999. It was a step in the right direction in pursuance of the UN General Assembly Resolution 47/5 to observe 1999 as International Year of Older Persons and in keeping with the assurances to older persons contained in the Constitution. The well-being of senior citizens is mandated in the Constitution of India under Article 41. “The state shall, within the limits of its economic capacity and development, make effective provision for securing the right to public assistance in cases of old age”. The Right to Equality is guaranteed by the Constitution as a fundamental right. Social security is the concurrent responsibility of the central and state governments.

Subsequent international efforts made an impact on the implementation of the National Policy on Older Persons. The Madrid Plan of Action and the United Nations Principles for Senior Citizens adopted by the UN General Assembly in 2002, the Proclamation on Ageing and the global targets on ageing for the Year 2001 adopted by the General Assembly in 1992, the Shanghai Plan of Action 2002 and the Macau Outcome document 2007 adopted by UNESCAP form the basis for the global policy guidelines to encourage governments to design and implement their own policies from time to time. The Government of India is a signatory to all these documents demonstrating its commitment to address the concerns of the elderly.

The policy and plans were put in place by central and state governments for the welfare of older persons. The state governments issued their policies and programmes for the welfare of older persons. While some States and Union Territories implemented their policies with vigor, most states-- particularly the big ones-- were behind perhaps due to financial and operational deficiencies.)

Pensions, travel concessions, income tax relief, medical benefit, extra interest on savings, security of older persons through an integrated scheme of the Ministry of Social Justice and Empowerment as well as financial support was provided for Homes, Day Care Centers, Medical Vans, Help Lines etc are extended currently.

The Ministry of Social Justice and Empowerment coordinates programmes to be undertaken by other Ministries in their relevant areas of support to older persons.

The Ministry of Social Justice and Empowerment piloted landmark legislation the Maintenance and Welfare of Parents and Senior Citizens’ Act 2007 which is being promulgated by the States and Union Territories in stages.

The National Policy of Senior Citizens 2011

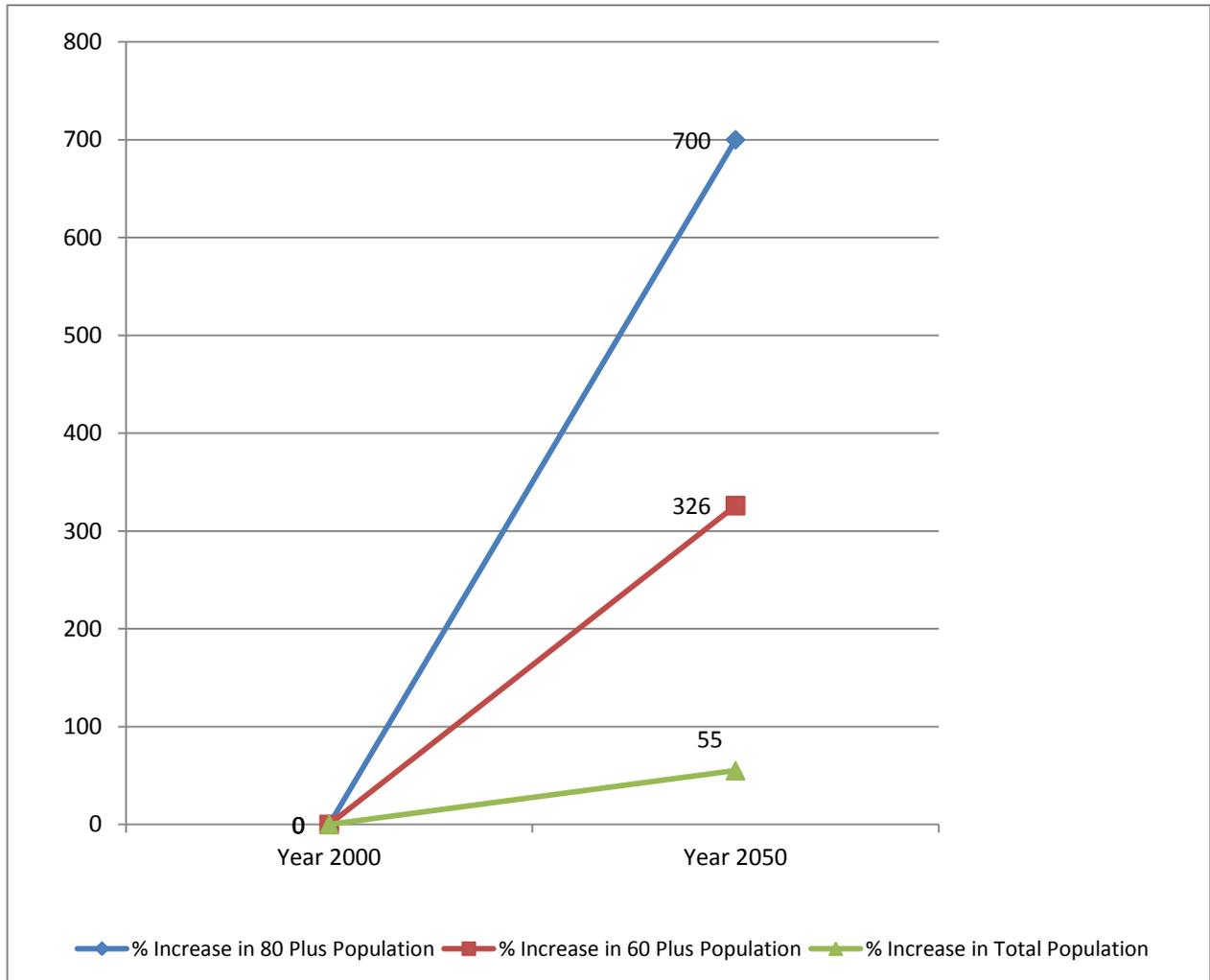
Demography of Indian Ageing

The large increase in human life expectancy over the years has resulted not only in a very substantial increase in the number of older persons but in a major shift in the age groups of 80 and above. The demographic profile depicts that in the years 2000-2050, the overall population in India will grow by 55% whereas population of people in their 60 years and above will increase by 326% and those in the age group of 80+ by 700% - the fastest growing group (see table and graph).

Years	Total Population (millions)	60+ (millions)	80+ (millions)
2000	1008	76	6
2050	1572	324	48

Source: World population Ageing: 1950-2050; Department of Economic and Social affairs, Population Division, United Nations. New York.2002

National Policy on Senior Citizens 2011



1/8th of the Worlds Elderly Population lives in India. Most of them will never retire in the usual sense of the term and will continue to work as long as physically possible. Inevitably though the disability to produce and earn will decline with age. The absence on savings will result in sharp declining in living standards that for many can mean destitution. Therefore this is the challenge of old age income security in India.

As a result of the current ageing scenario, there is a need for all aspects of care for the Oldest Old (80+ years) namely, socio economic, financial, health and shelter. Problems in any of these areas have an impact on the quality of life in old age and healthcare when it is needed. Increase in life span also results in chronic functional disabilities creating a need for assistance required by the Oldest Old to manage simple chores. This policy looks at the increasing longevity of people and lack of care giving.

Elderly Women Need Special Attention

Women and men age differently. Both have their concerns. The problems of elderly women are exacerbated by a lifetime of gender based discrimination, often stemming from deep-rooted cultural and social bias. It is compounded by other forms of discrimination based on class, caste, disability, illiteracy, unemployment and marital status. Patriarchal hierarchy and access to property rights are also discriminatory. Burdened with household chores for a longer span of time compared to older men, older women don't have time for leisure or recreational activity. Women experience proportionately higher rates of chronic illness and disability in later life than men. Women suffer

National Policy on Senior Citizens 2011

greater non-communicable diseases and experience lower social and mental health status, especially if they are single and/or widowed. Over 50% of women over age 80 are widows.

Elderly women and their problems need special attention as their numbers are likely to increase in the future and, given the multiple disadvantages they face in life, they are likely to be grossly unprepared to tackle these issues.

Rural Poor Need Special Attention

Many households in rural areas at the bottom of the income distribution in India are too poor to save for their old age. Available resources are used to meet daily consumption needs. Even at slightly higher income levels there is likely to be little demand for savings and pension instruments that require a commitment of several decades. Instead, the savings of households in the lower deciles of the income distribution are likely to be earmarked for self-insurance against emergencies; or perhaps, in short term investments that increase their own productivity or the productivity of their children. Liquidity is highly valued. The absolute poor in India cannot be expected to participate in long term savings schemes for old age and they do not. The poverty in rural areas for older persons is increasing and needs attention. Hence rural poor would need social security in large measure.

Increasing advancement in technology

There have been several advancements in medical technology, medicine and in technology for assistive living (and technology) for elderly that have prolonged life for senior citizens and this needs to be factored in the policy that not only for the eighty plus but rural poor, women and disadvantaged seniors will have longer years and will need many of the policy interventions.

Policy Objectives

The foundation of the new policy, known as the “National Policy for Senior Citizens 2011” is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor (51 million elderly live below the poverty line). A higher proportion of elderly women than men experience loneliness and are dependent on children. Social deprivations and exclusion, privatization of health services and changing pattern of morbidity affect the elderly. All those of 60 years and above are senior citizens. This policy addresses issues concerning senior citizens living in urban and rural areas, special needs of the ‘oldest old’ and older women.

In principle the policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

The focus of the new policy:

1. Mainstream senior citizens, especially older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens ‘associations. Support promotion and establishment of senior citizens’ associations, especially amongst women.
2. Promote the concept of ‘Ageing in Place’ or ageing in own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and other

National Policy on Senior Citizens 2011

programmes and services to facilitate and sustain dignity in old age. The thrust of the policy would be preventive rather than cure.

3. The policy will consider institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector.
4. Being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier-free and age-friendly society.
5. Recognise that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualises that the states will extend their support for senior citizens living below the poverty line in urban and rural areas and ensure their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the quality of their lives improves.
6. Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power.
7. Employment in income generating activities after superannuation will be encouraged.
8. Support and assist organisations that provide counselling, career guidance and training services.
9. States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.
10. States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

Areas of intervention

The concerned ministries at central and state level as mentioned in the 'Implementation Section' would implement the policy and take necessary steps for senior citizens as under:

I. Income security in old age

A major intervention required in old age relates to financial insecurity as more than two third of the elderly live below the poverty line. It would increase with age uniformly across the country.

1. India Gandhi National Old Age Pension Scheme

1. Old age pension scheme would cover all senior citizens living below the poverty line.
2. Rate of monthly pension would be raised to Rs.1000 per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing.
3. The 'oldest old' would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grand children and women. This would be reviewed every five years.

Universal Non Contributory Pension

Social Pension scheme (Indira Gandhi National Old Age Pension Scheme): A dedicated fund of appropriate amount should be created to enable the old age beneficiaries to get pension in time.

National Policy on Senior Citizens 2011

A **new pension scheme** must be formed in where the entry age should be 55 years, as there is no pension scheme available for senior citizens above 55. The Pension Fund Regulatory and Development Authority (PFRDA) should be entrusted with supervision responsibilities.

Delayed receipt of **provident funds** should be permitted. While a member may stop contributing to the provident fund from age 60, he should be allowed to accumulate till the age of 65 -- thereby enabling the member's accumulations at age 60 to further benefit from compounded returns -- resulting in a larger annuity at age 65, should s/he decide to opt for it.

The Rs. 70,000 restriction on **PPF** is a major disadvantage to senior citizens. One way out could be to raise the ceiling for annual investment in PPF from Rs.70, 000 to Rs. 3 lakh.

2. Public Distribution System

4. The public distribution system would reach out to cover all senior citizens living below the poverty line.

3. Income Tax

5. Taxation policies would reflect sensitivity to the financial problems of senior citizens which accelerate due to very high costs of medical and nursing care, transportation and support services needed at homes.

Uniform Age Criteria: The age bracket, for declaring the person as Senior Citizen and providing concessions, is different. The age bracket for receiving concessions should be made uniform and it should be 60+. The Finance Ministry has a different age criteria for many years which needs to change.

Children who look after parents should be taxed at lower rates as they are fulfilling their duties. A 2 % concession in overall rate of taxation should be offered as an incentive.

- **Non Pensioner Senior Citizens:** The Government may consider to issue a NPSC Card (Non Pensioner Senior Citizen Card) and announce the following benefits to such Card Holders:
 - i) An additional interest of 2% over and above the prevailing rate of interest for Non Pensioner Senior Citizens on Deposits made in Post of Office Savings Scheme and PSU Banks.
 - ii) Exemption in furnishing form 15H or 15G for not deducting TDS on interest received.

Tax Exemptions: The change from EEE to EET would be very harsh on senior citizen. The ELSS mutual fund would no longer be entitled for tax benefit from April 2011. It should continue to be entitled for tax benefit. There should be no tax on withdrawal and ELSS.

- iii) Sixth Pay Commission made welcome recommendations in the structure of Pension for allowing age-related increases in Pension every five years starting from Age 80. In line with these recommendations, accepted and implemented by Govt. of India, for Income Tax purpose also, the thresh-hold limit of ` 2,40,000 in case of Senior Citizens should be increased by 20% on Age 80, by 30% on Age 85, by 40% on Age 90, by 50% on Age 95 and by 100% on Age 100.

National Policy on Senior Citizens 2011

Thresh-hold limit in other cases and Slabs of Income Tax Rates for all cases may continue as at preset.

- iv) A big majority of senior citizens have voiced their demand that state should remove income tax collection from senior citizens since their savings have accrued only after tax payments during their service.
- v) Under provisions of Income Tax Act, Salary includes Pension. In case of salaried persons, Standard Deduction is no longer available. Pensioners are also, as such, denied this benefit. However, Family Pensioners are allowed to avail of Standard Deduction under Section 57(iia). There is need to remove this discrimination between Pensioners and Family Pensioners in the matter of Standard Deduction. Pensioners should also be brought under the purview of Section 57(iia) and allowed Standard deduction, as in case of Family Pensioners.
- vi) The existing investment limit of senior citizens' Bonds should be raised to at least Rs. 25 lakhs to ensure a steady income.
- vii) Date of interest payments: A deposit in a PSU bank gets quarterly interests credited on a calculation of 3 months from the date of investment; but, the bank, in all their collective wisdom, project an interest and TDS payment as if it is due also on 31, March of every year in their Form 16A. Since the TDS has been credited to the Treasury and therefore can be taken up for refund only in the relevant assessment year, the assessee has to perforce show an income far in excess of the actual amount credited, pay tax on income not received and claim refund for TDS not taken -- all because Form 16A says so!

TDS should not be in the rule book at all for seniors, especially for those deriving income from pension & savings alone. This causes problems in filling Forms 15 G/H. Since tax is paid only on taxable income beyond the basic exemption limit, deducting tax at source for the whole income leads to excess tax deducted with the assessee, having to claim a refund, which does not get reimbursed easily despite many reminders!

Advance Tax: This should follow TDS & be abolished for this group of seniors. Even small businesses and service providers, with annual turnover of up to ` 60 lakhs are given this concession on their presumptive tax. Seniors also should similarly be allowed payment of tax at one go before filing their returns, instead of periodic payments of advance tax.

Tax Free Bonds: Inflation adjusted tax free bonds at a little less than market rate. This difference is to take care of the tax element at a reasonable rate of say 10%. This should eliminate the need for seniors to file returns once they fall into the tax bracket and at the same time meet their tax obligations.

Tax refunds: A time limit of 6 months should be mandated to clear the claims, with a separate ward/officer, if necessary, for this purpose in each circle.

4. Microfinance

- 6. Loans at reasonable rates of Interest would be offered to senior citizens to start small businesses. Microfinance for senior citizens would be supported through suitable guidelines issued by the Reserve Bank of India.

National Policy on Senior Citizens 2011

II. Healthcare

With advancing age, senior citizens have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when accompanied by impaired functional capacity require long term management of illness and nursing care.

7. Healthcare needs of senior citizens will be given high priority. The goal would be good, affordable health service, heavily subsidized for the poor and a graded system of user charges for others. It would have a judicious mix of public health services, health insurance, health services provided by not-for-profit organizations including trusts and charities, and private medical care. While the first of these will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged and subjected to some degree of regulation, preferably by an association of providers of private care.
8. The basic structure of public healthcare would be through primary healthcare. It would be strengthened and oriented to meet the health needs of senior citizens. Preventive, curative, restorative and rehabilitative services will be expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems. Geriatric services for all age groups above 60--- preventive, curative, rehabilitative healthcare will be provided. The policy will strive to create a tiered national level geriatric healthcare with focus on outpatient daycare, palliative care, rehabilitation care and respite care.
9. Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages and urban areas and public/private partnerships will be worked out for geriatric and palliative healthcare in rural areas recognizing the increase of non-communicable diseases (NCD) in the country.
 - Develop health care support services to provide some relief to middle aged and older women through sharing of the family's caring responsibilities.
 - Make provision of basic geriatric health care and services at public health facilities in urban and rural areas especially for older women.
 - Develop respite care services as these are especially important for female caregivers.
 - Subsidize cost of hearing aids, walking aids, glasses and any other such devices for older persons and in particular for older women.
10. Efforts would be made to strengthen the family system so that it continues to play the role of primary caregiver in old age. This would be done by sensitizing younger generations and by providing tax incentives for those taking care of the older members.
11. Development of health insurance will be given priority to cater to the needs of different income segments of the population with provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Concessions and relief will be given to health insurance to enlarge the coverage base and make it affordable. Universal application of health insurance – RSBY (Rashtriya Swasthya Bima Yojana) will be promoted in all districts and senior citizens will be compulsorily included in the coverage. Specific policies will be worked out for healthcare insurance of senior citizens.
12. From an early age citizens will be encouraged to contribute to a government created healthcare fund that will help in meeting the increased expenses on healthcare after retirement. It will also pay for the health insurance premium in higher socio economic segments.
13. Special programmes will be developed to increase awareness on mental health and for early detection and care of those with Dementia and Alzheimer's disease.

National Policy on Senior Citizens 2011

14. Restoration of vision and eyesight of senior citizens will be an integral part of the National Programme for Control of Blindness (NPCB).
15. Use of science and technology such as web based services and devices for the well being and safety of senior citizens will be encouraged and expanded to under-served areas.
16. National and regional institutes of ageing will be set up to promote geriatric healthcare. Adequate budgetary support will be provided to these institutes and a cadre of geriatric healthcare specialists created including professionally trained caregivers to provide care to the elderly at affordable prices.
17. The current National Programme for Health Care of the Elderly (NPHCE) being implemented in would be expanded immediately and, in partnership with civil society organizations, scaled up to all districts of the country.
18. Public private partnership models will be developed wherever possible to implement healthcare of the elderly.
19. Services of mobile health clinics would be made available through PHCs or a subsidy would be granted to NGOs who offer such services.
20. Health Insurance cover would be provided to all senior citizens through public funded schemes, especially those over 80 years who do not pay income tax.

Medical Insurance:Not only the premium u/s 80 D but also all medical expenses, irrespective of the source of funds – be it from insurers or ex-employers, should be treated at par with the CGHS scheme formulated for retired Government servants and not be taxed at all. This should also cover Sections 80 DD for expenses incurred on severely disabled dependents & 80 DDB for medical treatment of specific diseases of self and dependents.

Cashless Insurance: The list of hospitals covered under the schemes is mostly urban and hardly extend to Tier II and III towns. Serious consideration should be given to include all registered hospitals. Medical insurance, reimbursement of medical expenses and aids like walking stick, wheelchair should be exempt from service tax.

The Regulations governing the obligations of insurers under the **rural and social sectors** could be expanded to include prescription of obligations for health insurance specifically, especially for the rural segment. Insurers could also be required to offer some products specifically in Health Insurance, under the Micro-Insurance regulations. There could be a separate schedule in the micro-insurance regulations for the health insurance products for senior citizens

IRDA Regulation for **Protection of Policyholders' Interests** needs to be amended to incorporate distinct health insurance service parameters, specially for providing specific time frames for settlement of claims by the Insurers. IRDA should also monitor the functioning of the grievance machinery in the insurance companies

All systems of medicine recognized by the Government of India, namely, allopathy, ayurveda, homeopathy and unani should be covered under Insurance Schemes. Long term care, Palliative care and terminal care should also be covered.

A basic standard '**no frills package**' of health cover with open ended entry and exit, median hospitalisation and consultancy rates, pre-existing illness, and across the board premium tariff may be offered to the needy seniors.

21. Hospices and palliative care of the terminally ill would be provided in all district hospitals and the Indian protocol on palliative care will be disseminated to all doctors and medical professionals.

National Policy on Senior Citizens 2011

22. Recognize gender based attitudes towards health and develop programmes for regular health checkups especially for older women who tend to neglect their problems.

III. Safety and Security

23. Provision would be made for stringent punishment for abuse of the elderly.
24. Abuse of the elderly and crimes against senior citizens especially widows and those living alone and disabled would be tackled by community awareness and policing.
25. Police would be directed to keep a friendly vigil and monitor programmes which will include a comprehensive plan for security of senior citizens whether living alone or as couples. They would also promote mechanisms for interaction of the elderly with neighbourhood associations and enrolment in special programmes in urban and rural areas.
26. Protective services would be established and linked to help lines, legal aid and other measures.

Make legal-judicial system more responsive and gender sensitive to the older women especially vulnerable women.

Legal safeguards with regard to property ownership, inheritance and financial security of older women

Specifically target older women in all communications and awareness campaigns for rights and entitlements.

IV. Housing

Shelter is a basic human need. The stock of housing for different income segments will be increased. Ten percent of housing schemes for urban and rural lower income segments will be earmarked for senior citizens. This will include the Indira Awas Yojana and other schemes of the government.

27. Age friendly, barrier-free access will be created in buses and bus stations, railways and railway stations, airports and bus transportation within the airports, banks, hospitals, parks, places of worship, cinema halls, shopping malls and other public places that senior citizens and the disabled frequent.
28. Develop housing complexes for single older men and women, and for those with need for specialized care in cities, towns and rural areas.
29. Promote age friendly facilities and standards of universal design by Bureau of Indian Standards.
30. Since a multi-purpose centre is a necessity for social interaction of senior citizens, housing colonies would reserve sites for establishing such centres. Segregation of senior citizens in housing colonies would be discouraged and their integration into the community supported.
31. Senior citizens will be given loans for purchase of houses as well as for major repairs, with easy repayment schedules.

Develop housing complexes for single older men and women, and for those with need for specialized care and household facilities in metropolitans, small towns and also in rural areas with provisions for care services.

National Policy on Senior Citizens 2011

V. Productive Ageing

32. The policy will promote measures to create avenues for continuity in employment and/or post retirement opportunities.
33. Directorate of Employment would be created to enable seniors find re-employment.
34. The age of retirement would be reviewed by the Ministry due to increasing longevity.
 - Increase gender cadre of care givers by starting appropriate training courses and enrollment processes and providing care giving at affordable prices.

VI. Welfare

35. A welfare fund for senior citizens will be set up by the government and revenue generated through a social security cess. The revenue generated from this would be allocated to the states in proportion to their share of senior citizens. States may also create similar funds.
36. Non-institutional services by voluntary organizations will be promoted and assisted to strengthen the capacity of senior citizens and their families to deal with problems of the ageing.
37. All senior citizens, especially widows, single women and the 'oldest old' would be eligible for all schemes of government. They would be provided universal identity under the Aadhar scheme on priority.
38. Larger budgetary allocations would be earmarked to pay attention to the special needs of rural and urban senior citizens living below the poverty line.

VII. Multigenerational bonding

39. The policy would focus on promoting bonding of generations and multigenerational support by incorporating relevant educational material in school curriculum and promoting value education. School Value Education modules and text books promoting family values of caring for parents would be promoted by NCERT and State Educational Bodies.

VIII. Media

40. Media has an important role to play in highlighting the changing situation of senior citizens and in identifying emerging issues and areas of action.
41. Involve mass media as well as informal and traditional communication channels on ageing issues

Natural disasters/ emergencies

42. Provide equal access to food, shelter, medical care and other services to senior citizens during and after natural disasters and emergencies.
43. Enhance financial grants and other relief measures to assist senior citizens to re-establish and reconstruct their communities and rebuild their social fabric following emergencies.

Implementation Mechanism

There will be efforts to provide an identity for senior citizens across the country and the ADHAAR Unique identity number will be offered to them so that implementation of assistance schemes of

National Policy on Senior Citizens 2011

Government of India and concessions can be offered to them. As part of the policy implementation the Government will strive for:

I. Establishment of Department of Senior Citizens under the Ministry of Social Justice and Empowerment

The Ministry of Social Justice and Empowerment will establish a “Department of Senior Citizens” which will be the nodal agency for implementing programmes and services for senior citizens and the NPSC 2011. An inter-ministerial committee will pursue matters relating to implementation of the national policy and monitor its progress. Coordination will be by the nodal ministry. Each ministry will prepare action plans to implement aspects that concern them and submit regular reviews.

II. Establishment of Directorates of Senior Citizens in states and union territories

States and union territories will set up separate Directorates of Senior Citizens for implementing programmes and services for senior citizens and the NPSC 2011.

III. National/State Commission for Senior Citizens

1. A National Commission for Senior Citizens at the centre and similar commissions at the state level will be constituted. The Commissions would be set up under an Act of the Parliament with powers of Civil Courts to deal with cases pertaining to violations of rights of senior citizens.

IV. Establishment of National Council for Senior Citizens

A National Council for Senior Citizens, headed by the Minister for Social Justice and Empowerment will be constituted by the Ministry. With tenure of five years, the Council will monitor the implementation of the policy and advise the government on concerns of senior citizens. A similar body would be established in every state with the concerned minister heading the State Council for Senior Citizens.

- The Council would include representatives of relevant central ministries, the Planning Commission and ten states by rotation.
- Representatives of senior citizens associations from every state and Union Territory.
- Representatives of NGOs, academia, media and experts on ageing.
- The council would meet once in six months.

V. Responsibility for Implementation

The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Departments of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology and Personnel & Training will setup necessary mechanism for implementation of the policy. A five-year perspective Plan and annual plans setting targets and financial allocations will be prepared by each Ministry/ Department. The annual report of these Ministries/ Departments will indicate progress achieved during the year. This will enable monitoring by the designated authority.

National Policy on Senior Citizens 2011

VI. Role of Block Development Offices, Panchayat Raj Institutions and Tribal Councils/Gram Sabhas

Block Development offices would appoint nodal officers to serve as a one point contact for senior citizens to ease access to pensions and handle documentation and physical presence requirements, especially by the elderly women.

Panchayat Raj Institutions would be directed to implement the NPSC 2011 and address local issues and needs of the ageing population.

In rural/ tribal areas, the tribal council or gram sabha or the relevant Panchayat Raj institution would be responsible for implementation of the policy.

The provisions of the 13th Finance Commission for special funding to them would be made applicable.

National Policy on Senior Citizens 2011

Addenda for Discussion

should be encouraged to save for old age and Contributory pension should be devised to facilitate. The age of entry should be relaxed in view of the increasing longevity.

Other old age security instruments like Provident fund should be revised to increase benefit to the older persons.

Income Tax

Additional Recommendations

Uniform Age Criteria: The age bracket, for declaring the person as Senior Citizen and providing concessions, is different. The age bracket for receiving concessions should be made uniform and it should be 60+. The Finance Ministry has a different age criteria for many years which needs to change.

- **Non Pensioner Senior Citizens:** The Government may consider to issue a NPSC Card (Non Pensioner Senior Citizen Card) and announce the following benefits to such Card Holders:

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National Policy on Senior Citizens 2011

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Tax refunds: A time limit of 6 months should be mandated to clear the claims, with a separate ward/officer, if necessary, for this purpose in each circle.

Redraft:

Tax regime should treat older person's income leniently keeping in view the fact that in old age income tends to decrease and many older person depend on income from savings to survive. Income from mutual funds, interest on bank accounts, term deposits and bonds should be tax free.

Income of reemployed older persons should not be taxed.

The tax collection system should be elderly friendly

Health Care

Additional recommendations

- Develop health care support services to provide some relief to middle aged and older women through sharing of the family's caring responsibilities.

National Policy on Senior Citizens 2011

- Make provision of basic geriatric health care and services at public health facilities in urban and rural areas especially for older women.
- Develop respite care services as these are especially important for female caregivers.
- Subsidize cost of hearing aids, walking aids, glasses and any other such devices for older persons and in particular for older women.

Medical Insurance: Not only the premium u/s 80 D but also all medical expenses, irrespective of the source of funds – be it from insurers or ex-employers, should be treated at par with the CGHS scheme formulated for retired Government servants and not be taxed at all. This should also cover Sections 80 DD for expenses incurred on severely disabled dependents & 80 DDB for medical treatment of specific diseases of self and dependents.

Cashless Insurance: The list of hospitals covered under the schemes is mostly urban and hardly extend to Tier II and III towns. Serious consideration should be given to include all registered hospitals. Medical insurance, reimbursement of medical expenses and aids like walking stick, wheelchair should be exempt from service tax.

The Regulations governing the obligations of insurers under the **rural and social sectors** could be expanded to include prescription of obligations for health insurance specifically, especially for the rural segment. Insurers could also be required to offer some products specifically in Health Insurance, under the Micro-Insurance regulations. There could be a separate schedule in the micro-insurance regulations for the health insurance products for senior citizens

IRDA Regulation for **Protection of Policyholders' Interests** needs to be amended to incorporate distinct health insurance service parameters, especially for providing specific time frames for settlement of claims by the Insurers. IRDA should also monitor the functioning of the grievance machinery in the insurance companies

All systems of medicine recognized by the Government of India, namely, allopathy, ayurveda, homeopathy and unani should be covered under Insurance Schemes. Long term care, Palliative care and terminal care should also be covered.

A basic standard '**no frills package**' of health cover with open ended entry and exit, median hospitalisation and consultancy rates, pre-existing illness, and across the board premium tariff may be offered to the needy seniors.

Redraft

Health care facilities should be designed keeping in view of the special needs of older women. The services should be easily available and accessible to older women particularly the vulnerable.

Respite care facilities should be developed in hospitals and old age homes for older women

Geriatric care facilities should be developed in the Public health system

Health insurance companies should develop special schemes for older persons to provide relief in smaller towns and rural areas.

National Policy on Senior Citizens 2011

Regulatory bodies should be set up to ensure that older persons get the promised benefits of the various insurance products.

Safety and Security

Additional Recommendations

Make legal-judicial system more responsive and gender sensitive to the older women especially vulnerable women.

Legal safeguards with regard to property ownership, inheritance and financial security of older women

Specifically target older women in all communications and awareness campaigns for rights and entitlements.

Redraft

Laws should be made to protect the rights of older women with regard to property ownership, inheritance and financial security of older women

Legal-judicial system should be responsive and gender sensitive. Legal and judicial officers should be trained and sensitized through regular courses.

The concerned government departments should also develop awareness campaigns for legal literacy of older women.

Housing

Additional Recommendations

Develop housing complexes for single older men and women, and for those with need for specialized care and household facilities in metropolitans, small towns and also in rural areas with provisions for care services.

Redraft

Housing facilities should be conducive to safety and security of older women. Such facilities should be available in towns and villages as well.

Productive Ageing

Additional recommendation

- Increase gender cadre of care givers by starting appropriate training courses and enrollment processes and providing care giving at affordable prices.

National Policy on Senior Citizens 2011

Redraft

In order to improve the employability of older women, training should be imparted to those able and willing to work as care givers.