

महानगर टेलीफोन निगम लिमिटेड, मुंबई



MAHANAGAR TELEPHONE NIGAM LIMITED, MUMBAI

(A Government of India Enterprises)

कार्यकारी निदेशक का कार्यालय, 9वीं मंजिल, टेलीफोन हाउस, एमटीएनएल मार्ग, दादर (प.), मुंबई-400 028

O/o Executive Director, Welfare Section, 9th Floor, Telephone House,

MTNL Marg, Dadar (W), Mumbai - 400 028. Ph: 24377676

WL/110-23/Retd. Empl/CGHIS/Enrollment/2020-21/5

DT. 11/09/2020

To,

All PGMs/ Sr. GMs,

All GMs/ CE(BW)/ All DGM (IFAs), MTNL, Mumbai.

**MOST URGENT
TIME BOUND**

Sub: Submission of enrollment form ONLINE by Employee Retired from MTNL or his/her spouse for availing Contributory Group Health Insurance Scheme (CGHIS) for the policy commencing from 01.10.2020 to 30.09.2021

Ref: No.MTNL/CO/Medical/ Retiree Renewal/ CGHIS w.e.f. 1.10.2020/147, dt. 08.09.2020

With reference to the subject cited above, the letter received from Corporate Office is enclosed herewith. In order to avail Contributory Group Health Insurance Scheme (CGHIS) facilities by **Employee Retired from MTNL or his/her spouse** through TPA for the policy year **2020-21 (01.10.2020 to 30.09.2021)** the following **online welfare web-portal** procedure is required to be followed:-

1. Retiree has to log on: <http://pensioner.mtnl.in/welfare/mtnl.php> for **ONLINE CGHIS** form submission.
2. It will appear as - MANDATE for MTNL Contributory Group Health Insurance Scheme (CGHIS) for Retirees and advise to submit the enrollment form A,B,F ONLINE for BOTH LIVING or SINGLE LIVING as per requirement.
3. Due to Covid-19 guidelines, Retiree has to get printout and keep the signed copy of Annexure A,B,F with him/her for record purpose.
4. In case if retiree do not get any details on **online web based WELFARE portal** for his/her Staff No., details of spouse, etc. please submit **physical ANNEXURE 'A', 'B', 'F' & 'G' FORM** alongwith Copy of **Pension Book (PPO) Page No.1, 6 & 8** wherein Name & Date of Birth of spouse is appeared OR copy of **Form No.3 – Details of Family** submitted at the time of pension documents AND Copy of **Aadhaar Card OR PAN Card OR Any other age proof of spouse** wherein name & date of birth is appeared, to Medsave TPA, at 1st Floor, Telephone House, Prabhadevi, Mumbai for data updation, on or before 20.09.2020, before 5.00 p.m.
5. The last date for submission of enrollment form is 20.09.2020. No online enrollment form will be accepted thereafter in respect of the employees retired on or before 30.09.2020. If online enrollment form not submitted before 20.09.2020, the retiree will not be eligible to avail CGHIS medical facility for the policy year 2020-21.

...2..

6. The CGHIS medical card will be issued to retiree without photo by post and for e-card please log on www.medsave.in
7. In order to get break free medical coverage, retirees are advised to submit enrollment form before 20.09.2020.
8. The contents of Form No. 'A', 'B', 'F', & Circulars regarding CGHIS available on <http://pensioner.mtnl.in> uploaded from time to time shall be binding to all retirees.
9. Concerned DM (Cash/Works), MTNL shall deduct Insurance premium from OPD limit i.e. an amount of Rs.6,261/- per retiree in case of retiree with spouse and Rs.3,775/- per retiree in case of single retiree/spouse towards their contribution for drawing medical facilities as per list provided by DM (Welfare) unit. If CGHIS facility is not opted, then OPD reimbursement claim of retiree will not be allowed.
10. This CGHIS medical scheme is applicable to MTNL Optee Retiree only.
11. This CGHIS medical scheme is applicable to Employee Retired from MTNL or his/her spouse only.
12. The Employee Retired from MTNL or his/her spouse, those who have got CGHS Card (Central Government Health Scheme), shall not be allowed to avail this CGHIS facility.

Wide publicity may be given to this circular and circular may be pasted on Notice Board in the MTNL Building premises.

This issues with the approval of Competent Authority.

Copy to:

- (1) PGM (HR), C.O.
- (2) SM to ED, MTNL, Mumbai: For infn. pl.
- (3) SM (WFMS)
- (4) All SM/DMs (Admin)/ SM/DM (BW)/ SM/DM (FC): For necessary action pl.
- (5) DM (Cash/ Works) concerned: For deduction of Insurance Premium.
- (6) General Secretary, MTNKS, Mumbai.
- (7) Association and Union of Retired Executives & Non-Executives.

Bedada
11/9/2020
Dy. General Manager (A&IR)
MTNL, Mumbai.

उप महाप्रबन्धक (आय. धार.)
DY. GENERAL MANAGER (IR)
महानगर टेलिफोन निगम लिमिटेड, मुम्बई
Mahanagar Telephone Nigam Ltd., Mumbai

8/e



महानगर टेलीफोन निगम लिमिटेड
(भारत सरकार का उद्यम)
**MAHANAGAR TELEPHONE NIGAM
LIMITED**
(A GOVERNMENT OF INDIA ENTERPRISE)

MOST URGENT

No. MTNL/CO/Medical/Retiree renewal/CGHIS w.e.f 01.10.2020/ 147

Date: 08/09/2020

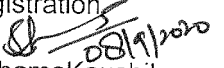
GM(Admn)
MTNL
Mumbai Unit

GM(Admn)
MTNL
Delhi Unit

Sub: CGHIS for MTNL Retired employees w.e.f 01.10.2020.

MTNL Management had offered CGHIS for MTNL **Retired** employees w.e.f 01.10.2018 for a period of two years on Tender terms and conditions to M/s UIIC Ltd. The Policy for the period 01.10.2019 to 30.09.2020 is expiring on 30.09.2020 midnight. With the approval of Competent Authority, the said policy has been renewed with M/s UIIC Ltd for one year for the period 01.10.2020 to 30.9.2021 as per existing terms and conditions and same premium.

Hence, it is requested to register the retirees to be enrolled w.e.f. 1.10.2020 in the Contributory Group Health Scheme along with the breakup of single retirees and retirees with spouse so that the premium may be calculated. Kindly arrange to send the details /list of registered retirees by 20.09.2020. The above may be widely circulated among the retirees for enrolment/registration.


ShamaKaushik
DGM(HR)

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH
INSURANCE SCHEME
APPLICATION FOR REGISTRATION & CLAIMS
(Tick mark whichever is applicable)**

SM (Admn) _____
MTNL, Mumbai.

Sir,

1. I am Retired employee/ dependent of retired employee of MTNL and would like to join the Company's Retired Employees Contributory Group Health Insurance Scheme.
2. I request that medical coverage be extended to self and/or spouse as named below:-

Sl. No.	Name of beneficiaries	Relation	Date of Birth
1		Self	
2		Spouse	

1. Reimbursement of Indoor bills submitted from time to time may please be deposited in my Bank Account No. _____ with _____ Bank, New Delhi/Mumbai as admitted/ through cheque drawn in my name.
2. I undertake to notify to the company any change in the above particulars as soon as it occurs.
3. I understand that the company reserves the right to refuse the membership to any retiree or terminate the same at any time, by giving one month's notice and specifying the reason thereof. Company's decision in this behalf shall be final.
4. I undertake to abide by the rules of this Scheme, as amended from time to time.

Yours faithfully,

Signature

Phone No. Resi. _____ Mobile: _____

Name _____

P.P.O. No. _____, Staff No. (As per Salary Slip) _____

Designation _____ Scale of Pay _____ Basic Pay _____

Address for Correspondence _____

Signature of the Applicant _____

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH
INSURANCE SCHEME
INFORMATION FOR ISSUE OF MEDICAL CARD**

1. Name of the Retired Employee _____
2. P.P.O. No. _____, Staff No. (As per Salary Slip) _____
3. Date of Retirement _____
4. Designation _____
5. Scale of Pay _____ Basic Pay _____
6. GM Office _____
7. Permanent Address _____

8. Present Address _____

9. Validity from _____ to _____ (to be filed by issuing Authority)
10. Details on Medical Card.

Sl. No.	Name of beneficiaries	Relation	Date of Birth
1		Self	
2		Spouse	

NOTE:

1. Please note that Medical Claims are to be made in the prescribed form of the Company.
2. Separate claim should be preferred for each patient and each spell of treatment.

Signature of the beneficiary: _____

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH
INSURANCE SCHEME
CERTIFICATION/DECLARATION
(Tick mark whichever is applicable)**

1. Certified that I am not availing any other medical cover in consequent of employment of my Spouse, or any type of medical facility or allowance from any other source or CGHS facility.

2. Certified that my spouse is not employed.

3. Certified that my spouse Mr./Mrs. _____
_____ is employed with/ retired from _____
_____ and availing medical facility/
medical allowance from his/her employer. (A certificate of his/her employer to that effect is enclosed).

Date:

Place:

Signature:

Name:

Address:

Phone No:

Mobile No:

Applied for Both Living OR Single Living

2020-21

Annexure 'G'

**Form to be filled up by MTNL Retiree/ spouse
For missing/ addition/ correction in Name & DOB of Retiree/Spouse
for issue of CGHIS - Medical Card
(To be submitted by Retiree to Medsave TPA, 1st Floor, Tel. House, Prabhadevi,
Mumbai, for updation)**

7. Name of the Retiree _____ (Male/Female) _____
8. Date of Birth: _____ Date of Retirement (SA/ VR/ VRS) _____
9. Staff No. (As per Salary Slip) _____ Designation _____
10. GM Unit _____
11. Res. Phone No. _____, Mob: _____
12. E-mail (if any): _____
7. Present Residential Address _____

8. Details of my Spouse for updation in HRIS data for Medical Card purpose (write full name)

Sl. No.	Wrongly entered name	Correct Name/ Addition of Name	Relation with Retiree	Male/ Female	Wrongly entered DOB	Correct DOB
1			Wife/ Husband			

Encl:

1. Copy of **Pension Book (PPO) Page No.1, 6 & 8** wherein Name & Date of Birth of spouse is appeared OR copy of **Form No.3 – Details of Family** submitted at the time of pension documents.
2. Copy of **Aadhaar Card** OR **PAN Card** OR Any other **age proof of spouse** wherein name & date of birth is appeared.

The contents of Form No. 'A', 'B', 'F', & Circulars regarding CGHIS available on **<http://pensioner.mtnl.in>** uploaded from time to time shall be binding upon me.

Above details are correct and in case it is found at any stage some information is concealed by me or found false, MTNL management may take suitable disciplinary action against me as per the provisions of CDA rules/ Certified Standing Orders.

Date: _____

Signature of the Retiree _____

Staff No. _____

Mobile No. _____