



# 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/2021-22/

DT.06/09/2021

**MOST URGENT  
TIME BOUND**

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

**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 01.10.2021 to 30.09.2022**

Ref: MTNL/CO/Medical/Ret.Tender/CGHIS/2021/264 Dtd.06/08/2021

With reference to the subject cited above, 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 **2021-22 (01.10.2021 to 30.09.2022)** 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. 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.

**A) Retirees who are already enrolled for CGHIS in previous year:-**

Those retirees who have already enrolled in last year policy shall submit online enrollment form through online web based **WELFARE web-portal**.

**B) Fresh Retirees/Retirees who have not enrolled for CGHIS in previous year:-**

Retirees do not get any details on **online web based WELFARE portal** for his/her Staff No., details of spouse, etc. please submit **attached ANNEXURE A,B & F FORM through E-mail, at: mtnlpensionermedical@gmail.com**, alongwith Copy of **Pension Book (PPO) Page No.1, 6 & 8** wherein Name & Date of Birth of spouse is appeared and Copy of **Aadhaar Card OR PAN Card OR Any other age proof of spouse** wherein name & date of birth is appeared.

**C) For any correction in Name, D.O.B etc.:-**

If any retiree found any correction in the online web portal, he/she has to submit **Form 'G' through E-mail, at: mtnlpensionermedical@gmail.com**, alongwith Copy of **Pension Book (PPO) Page No.1, 6 & 8** wherein Name & Date of Birth of spouse is appeared and Copy of **Aadhaar Card OR PAN Card OR Any other age proof of spouse** wherein name & date of birth is appeared.

2. Retiree has to get printout and keep the self signed copy of Annexure A,B,F with him/her for record purpose.

3. The last date for submission of enrollment form is 15/09/2021. No online/ E-mail enrollment form will be accepted thereafter in respect of the employees retired on or before 30.09.2021. If enrollment form not submitted before 15/09/2021, the retiree will not be eligible to avail CGHIS medical facility for the policy year 2021-22.

: 2 :

4. The CGHIS medical card will be issued to retiree without photo by post once TPA will be finalized.
5. In order to get break free medical coverage, retirees are advised to submit enrollment form before 15/09/2021.
6. Circulars regarding CGHIS available on <http://pensioner.mtnl.in> uploaded from time to time shall be binding to all retirees.
7. Concerned DM(Cash/works), MTNL Mumbai shall deduct the 50% of Insurance premium from OPD limit as & when instructions/orders received from C.O. MTNL, New Delhi. If CGHIS facility is not opted, then OPD reimbursement claim of retiree will not be allowed.
8. This CGHIS medical scheme is applicable to **MTNL Optee Retiree only.**
9. This CGHIS medical scheme is applicable to **Employee Retired from MTNL or his/her spouse only.**
10. 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.**
11. All concerned SM/DM(Admn) shall guide the retirees for online enrollment in CGHIS for the policy period 2021-22.

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.

*gbedade*  
*06-09-2021*

**Dy. General Manager (A&IR)**

**MTNL, Mumbai.**

उप महाप्रबंधक (ए. & इ.र.)

DY. GENERAL MANAGER (A. & I.R.)

महानगर टेलिफोन निगम लिमिटेड, मुंबई

Mumbai Telephone Nigam Ltd., Mumbai.

**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.

**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	Photograph
1		Self		
2		Spouse		

**Note: Please enclose two passport size photographs of each member specified in above.**

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 SM/DM (Admin) \_\_\_\_\_  
MTNL, Mumbai (with SEAL)

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	Photograph
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

2021-22

Annexure 'G'

Form to be filled up by MTNL Retiree/ spouse  
For addition/ correction in Name & DOB of Retiree/Spouse  
for issue of CGHIS - Medical Card

(To be submitted by Retiree through E-mail at [mtnlpensionermedical@gmail.com](mailto:mtnlpensionermedical@gmail.com) for  
upadation)

1. Name of the Retiree \_\_\_\_\_ (Male/Female) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Date of Retirement (SA/ VR/ VRS) \_\_\_\_\_
3. Staff No. (As per Salary Slip) \_\_\_\_\_ Designation \_\_\_\_\_
4. GM Unit \_\_\_\_\_
5. Res. Phone No. \_\_\_\_\_, Mob: \_\_\_\_\_
6. E-mail (if any): \_\_\_\_\_
7. Present Residential Address \_\_\_\_\_
8. Details for upadation 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	Living/ Expired
1			Self				
2			Wife/ Husband				

Encl: Copy of Pension Book (PPO) Page No.1, 6 & 8/Adhar card/Pan card wherein Name & Date of Birth of spouse is appeared .

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. \_\_\_\_\_

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O/o Executive Director, Welfare Section, 9th Floor, Telephone House,  
MTNL Marg, Dadar (W), Mumbai - 400 028. Ph: 24379206

## Procedure / guidance for online CGHIS

1. **Log on:** <http://pensioner.mtnl.in/welfare/mtnl.php>
2. Then MANDATE for MTNL Contributory Group Health Insurance Scheme (CGHIS) for Retirees will appear.
3. **Part A) Compulsory inputs needed in Q1, Q2**
4. **Q1) Staffno. (only digits) (\*)** – enter only Staff No. (ignore 'M or 0').
5. **Q2) Date of Birth (of Employee) (\*)**  
(In case if spouse of expired retiree need to enroll, then use Staff No. & Date of Birth of expired retiree)
6. **Part B)** Please click on any one mandate button.
7. **Part C)** Give answer.
8. **Next1**
9. **You can update these details, only if needed.**  
**Retiree can make changes/ corrections/ additions of his/her Contact No., E-mail id, Address, if needed.**
10. You can make correction in spouse date of birth, if it is blank or incorrect.
11. Living Details: Living (select properly)  
Expired (select properly)
12. Mandate: Medical Facility Needed (select properly)  
Medical Facility Not Needed (select properly)
14. **Next2**
14. **Click to print & take printout for record purpose – ENROLLMENT FORM SUBMISSION PROCEDURE COMPLETED.**

**Note:** If "EXPIRED" word wrongly appear at Point No.12 above, make it corrected as "LIVING" and click on **Next2** - then Refresh it (F5), and fill-up the online form again, you will get "LIVING" status in place of "EXPIRED".

**Contact for query:** 1) Mr. Sonar, DM (Welfare), MTNL MUMBAI  
M.No.9869248159 Landline No.(022)24379306  
2) Mr. Madhukar Ghadi - 9969032421