

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; Fax: 24328386; 24311003

WL/110-23/Retd. Empl/CGHIS/Enrollment/2018-19/5

DT. 25/09/2018

To,

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

**MOST URGENT
TIME BOUND**

Sub: Submission of enrollment form by employee or his/her spouse Retired from MTNL for availing Contributory Group Health Insurance Scheme (CGHIS) for the policy commencing from 01.10.2018 to 30.09.2019

Ref: Mail dt. 24.09.2018 received from DGM (Pers), MTNL Corporate Office

With reference to the subject cited above, in order to avail Contributory Group Health Insurance Scheme (CGHIS) facilities by **Employee or his/her spouse Retired from MTNLs** through TPA for the policy year **2018-19 (01.10.2018 to 30.09.2019)** the following procedure is required to be followed:-

1. Employee or his/her spouse Retired from MTNL who is having the **Medical Insurance Card for the policy year 2017-18 (1.10.2017 to 30.09.2018), issued through Medsave TPA**, he/she may submit **ONLY Annexure 'G'** (Self Declaration Form for availing MTNL CGHIS facility) **alongwith xerox copy of medical card of policy year 2017-18 (i.e. for Single Living – copy of self card and Both Living – copies of self & spouse cards) in duplicate** for the policy year **2018-19 (01.10.2018 to 30.09.2019) to concerned SM/ DM (Admin).**
2. If the Employee or his/her spouse Retired from MTNL who is **NOT having previous year Medical Insurance Card**, he/she shall submit **Annexure 'G'** (Self Declaration Form for availing MTNL CGHIS facility) **alongwith Annexure 'A', 'B' & 'F' (alongwith copy of Aadhaar Card or PAN card) in duplicate to concerned SM/ DM (Admin).**
3. The enrollment forms are to be received by concerned SM/ DM/ AM (Admin) unit and who in turn will forward **staff No. wise one set of original Annexure 'A', 'B' & 'F' AND Xerox copy of Annexure 'G' after signature with SEAL of concerned SM/DM/AM (Admin) (before forwarding to concerned DM (Cash/Works) for deduction of Insurance of the premium from OPD limit) to SM (Welfare), 9th Floor, Prabhadevi, ON DAILY BASIS** for enrollment in CGHIS 2018-19.
4. The **Annexure 'H'** is to be received from Retiring employee by concerned SM/ DM (Admin) at the time when prospective new retirees are submitting their documents for retirement atleast 3 months in advance with pension papers alongwith **Annexure 'G'** (Self Declaration Form for availing MTNL CGHIS facility) and **Annexure 'A', 'B' & 'F' (alongwith copy of Aadhaar Card or PAN card) in duplicate**, to be forwarded for enrollment in CGHIS 2018-19 **without any delay**, so that the medical facilities can be extended to the retiree without any break.
5. **Only Original Annexure 'G' form** shall be forwarded to concerned DM (Cash/Works) **(i.e. last retirement GM unit only) for deduction of Insurance of the premium from OPD limit i.e. an amount of Rs.4,472/- per retiree in case of retiree with spouse and Rs.2,697/- per retiree in case of single retiree/spouse towards their contribution for drawing medical facilities from MTNL, subject to increase of 30% to 40% Insurance premium as per finalisation of Tender to be received from MTNL, C.O., New Delhi. DM (Cash/Works) will forward the original Annexure 'G' duly signed** to the concerned SM/ DM/ AM (Admin) for record purpose.

6. One xerox copy of Annexure 'A', 'B', 'F' & 'G' may be retained with concerned SM/DM/AM (Admin) for record purpose and acknowledgement to be given with office seal.

7. For smooth functioning of the policy, SM/DM (Admin) of concerned GM unit will act as the Nodal Officer and required to co-ordinate with Retired employees.

8. This CGHS medical scheme is applicable to Employee or his/her spouse Retired from MTNL Optee only.

9. The Employee or his/her spouse Retired from MTNL, those who have got CGHS Card (Central Government Health Scheme), should not be allowed to avail this CGHS facility.

10. The Employee or his/her spouse Retired from MTNL will be eligible to get indoor medical facility after one month from the date of receipt of medical enrollment form in Welfare section. If enrollment form not submitted for the policy year 2018-19, the Employee or his/her spouse Retired from MTNL shall not get medical facility.

11. The concerned SM/DM/AM (Admin) shall forward consolidated enrollment form i.e. Annexure 'G' (Self Declaration Form for availing MTNL CGHS facility) alongwith Annexure 'A', 'B' & 'F' for CGHS, completed in all respect staff No. wise list to SM (Welfare) in HARD COPY & SOFT COPY by mail at welfaresection1@gmail.com & in Pen-drive as per attached format in EXCEL, ON DAILY BASIS for enrollment in CGHS policy year 2018-19. (One bunch of only 'G' Form and one bunch of 'A', 'B', 'F' & 'G' shall be forwarded separately. If mixed form is forwarded, same shall be returned back).

The Option for CGHS & not availing medical facility in original, staff No. wise shall be forwarded in following prescribed Performa on weekly basis by HARD COPY and retained xerox copy for record purpose.

For CGHS Optee

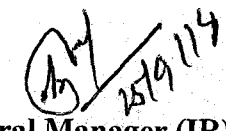
Sr. No.	Name of Retd. Employee	Staff No. (as per pension book/ FMS record)	GM Unit	Male/ Female	Date of issue of NOC for CGHS
1					
2					

For Not availing medical facility

Sr. No.	Name of Retd. Employee	Staff No. (as per pension book/ FMS record)	GM Unit	Male/ Female	Date of submission of form
1					
2					

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.


Dy. General Manager (IR)
MTNL, Mumbai.

Copy to:

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

उप महाप्रबंधक (आप. आर.)
DY. GENERAL MANAGER (IR)
महानगर टेलिफोन निगम लिमिटेड, मुंबई
Mahanagar Telephone Nigam Ltd., Mumbai

For availing CGHIS facility for the policy period from 01.10.2018 to 30.09.2019

GM Unit
ANNEXURE

List of Retired employees to be forwarded by concerned SM (Admn) (Hard copy and Soft copy in EXCEL format in Pen-Drive & by email at: welfaresection1@gmail.com) for enrollment in CGHIS of Retired Employees, for the policy period 1.10.18 to 30.9.18

Sr. No.	Name of Retired Employee	Date of Birth	Gender (Male/Female)	Design	Staff No.	GM Unit	DM (Cash) unit	Name of spouse (if any)	Gender (Male/Female) of spouse	Relationship of spouse with employee (Wife/Husband)	Both Living/ Single Living	Date of Birth of spouse	Date of Superannuation / VR/ CR, etc.	Mobile No. of Employee (Mandatory)	E-mail ID of employee, if any (optional)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
	TOTAL														

Date: _____

Signature of SM (Admn) with SEAL

MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH INSURANCE SCHEME

APPLICATION FOR REGISTRATION & CLAIMS
(Tick mark whichever is applicable)

GM (Admn) HQ
MTNL DELHI/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.

S.No.	Name of beneficiaries	Relation	Date of Birth	Photograph
		Self		
		Spouse		

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

- 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.
- I undertake to notify to the company any change in the above particulars as soon as it occurs.
- In 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.
- I undertake to abide by the rules of this Scheme, as amended from time to time.

Yours faithfully,

Signature

Phone No. Res: _____ Mobile _____

Name _____

P.O. No. _____ Staff No. _____

Designation _____ Scale of Pay _____ Basic Pay _____

Address for Correspondence _____

Signature of the applicant _____

Signature of SM/DM (Admin) _____
MTNL, Mumbai (with SEAL)

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. _____
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-

S.No.	Name of beneficiaries	Relation	Date of Birth	Photograph
		Self		
		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:

Signature:

Place:

Name:

Address:

Phone No:

Mobile No:

GM Unit	DM (Cash/Works) Unit	Both Living* OR Single Living

(To be obtained from employee/ spouse Retired from MTNL)

Annexure 'G'
2018-19

Self Declaration/ Consent Form for Availing
MTNL Contributory Group Health Insurance Scheme (CGHIS) Facility

I, Ms/Mrs./Mr. _____, (spouse of
(NAME) (MIDDLE NAME) (SURNAME)
Late _____ (applicable only for family
pensioner), MTNL Staff No. _____, Design. _____, retired from O/o.
GM (Unit) _____, MTNL Mumbai, on _____. I, hereby, declare that

(Tick the relevant or strike out):-

* If Both Living – Name of spouse: _____ DOB _____

1. I am willing to avail Contributory Group Health Insurance Scheme (CGHIS) provided by MTNL for MTNL's retired employees from 01.10.2018.
2. I agree to deduct 50% of CGHIS premium from my OPD claim amount.

OR

I will deposit 50% of CGHIS premium by cash/cheque.

3. I am not willing to avail CGHIS provided by MTNL for it's retired employees from 01.10.2018.
4. I am not availing CGHIS provided by MTNL for it's retired employees since _____
5. My spouse is working with MTNL and I will be dependent upon him/her after my retirement. _____

My personal details are as follows:-

1. Name _____
2. PPO Number (if available) _____
3. Scale of Pay at the time of Retirement _____
4. Mobile Number _____ Landline No. _____
5. E-mail Id _____
6. Address for Correspondence _____

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 MTNL Rules.

Signature _____
Name _____

Deducted 50% of the premium from OPD limit for the policy year 2018-19, subject to increase of 30% to 40% Insurance premium as per finalisation of Tender to be received from MTNL, C.O., New Delhi. (Tick the relevant):-

1. Rs.4,472/- per retiree for Both Living
2. Rs.2,697/- per retiree for Single Living

Dy. Manager (Cash/Works)
MTNL, Mumbai (with SEAL)

SM/DM (Admn)
MTNL, Mumbai (with SEAL)

Applicable for New Retiree only

The form is to be submitted by Retiring employees at the time when prospective new retirees are submitting their documents for retirement atleast 3 months in advance with pension papers

Consent/ Self Declaration for availing medical facility by Retiring employees (CGHS/ CGHS)

To,
Sr. Manager (Admin) _____,
MTNL, Mumbai.

GM Unit

THROUGH PROPER CHANNEL

Sub: Consent/ Self Declaration for availing medical facility by Retiring employees (CGHS/ CGHS)

Ref: MTNL/CO/Med/Retiree/CGHS/2016/230, dt. 13.02.2018

Respected Sir,

With reference to above MTNL Corporate Office Letter, I the undersigned Shri/Smt. _____, Staff No. (as per salary slip) _____, Design/Cadre _____, Retiring on S/A / VR/ CR, etc. on _____, hereby give the following option for availing medical facility till further order from MTNL. My DOB is: _____ (Tick the relevant):-

1. I will avail Central Government Health Scheme (CGHS) facility within 3 (three) months from receipt of PPO. Till receipt of PPO, I will avail CGHS facility through TPA/ Insurance Co. for Single Living/ Both Living, (if Both Living, name of spouse: _____, DOB (Spouse) _____)
- OR**
2. I will avail Contributory Group Health Insurance Scheme (CGHS) facility through TPA/ Insurance Co. for Single Living/ Both Living, (if Both Living, name of spouse: _____, DOB (Spouse) _____)
- OR**
3. I do not want to avail any medical facility extended by MTNL after my retirement.
- OR**
4. My spouse is working with MTNL and I will be dependent upon him/her after my retirement.

(NOTE: Tick mark in Box only ONE option)

The above information given by me is true and correct to the best of my knowledge. If anything is found false/ incorrect in future, the MTNL Department can take necessary action against me as per departmental rule in force.

Place: _____
Date: _____

Stamp & Sign of
SM (Admin) _____

Signature: _____
Name of Employee: _____
Resi. Address: _____

Mob No. _____
L/L Tel. No. _____
E-mail ID, if any _____