

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/2017-18/46 DT. 12/03/2018

To,
All GMs/ CE(BW),
MTNL, Mumbai.

TIME BOUND

**Sub: Contributory Group Health Insurance Policy for MTNL Retired Employees
w.e.f. 01.10.2017 to 30.09.2018**

**Ref: (1) MTNL/CO/Med/Retiree/CGHS/2016/230, dt. 13.02.2018
(2) MTNL/CO/Med/Retiree Renewal/GHIS/w.e.f. 1.10.2017/231, dt. 13.02.2018**

With reference to above cited subject, the letter received from MTNL Corporate Office is enclosed herewith.

1. Consent/ Self Declaration for availing **Central Government Health Scheme (CGHS) / Contributory Group Health Insurance Scheme (CGHIS)** facility from MTNL is to be obtained from Retiring employees (copy enclosed) at the time when prospective new retirees are submitting their documents for retirement atleast 3 months in advance with pension papers.
2. If the retiring MTNL employee is opting for **Central Government Health Scheme (CGHS)/ availing no medical facility from MTNL**, he/she may submit **ONLY OPTION FORM** (copy enclosed).
3. If the retiring MTNL employee is opting for **Contributory Group Health Insurance Scheme (CGHIS)**, he/she may submit the **option form alongwith enrollment form (CGHIS) (Annexure A, B, F & G)**.
4. After completing required formalities (procedure), the concerned SM (Admn) shall forward the option form alongwith enrollment form (CGHIS) (**Annexure A, B, F & G**) (**two original sets**) to SM (Welfare), 9th Floor, Prabhadevi, Mumbai, **well before 3 months of retirement of the retiree without any delay**, so that the medical facilities can be extended to the retiree without any break.
5. The SM (Admn) will maintain the records of forms received from Retirees and DM (Cash/Works) will maintain the records about the amount deducted from retiring employees in respect of CGHIS.
6. **Concern SM/DM/AM (Admin) AND concerned DM (Cash/Works) Finance shall get verified and sign the same wherever required in the CGHIS Enrollment form, to be forwarded to SM (Welfare), MTNL, Mumbai.**
7. **One xerox copy of Annexure 'A', 'B', 'F' & 'G' & option form may be retained with concerned SM/DM/AM (Admin) for record purpose.**

Contd....2..

8. *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.*
9. *As per UIIC, claims before enrollment date will not be entertained as the system is electronic.*
10. In case, self and/or spouse working/retired from MTNL (Refer C.O. Letter No.MTNL/CO/Pers/Medical/Delhi/2010/551, dt. 17.11.2011)
- (i) **Employee and spouse both working employees of MTNL:** One of them shall be issued the working employee medical card and other will be covered as dependent.
- (ii) **Employee working in MTNL and spouse retired from MTNL:** The medical card will be issued to working employee (Spouse retired from MTNL shall be covered as dependent). No separate card shall be issued to such MTNL retiree.
- (iii) **Employee and spouse both retired from MTNL:** One of them shall be issued the card and other will be covered as dependent.


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.

Encl: As above.

Copy to:

- (1) SM to ED, MTNL, Mumbai: For infn. pl.
- (2) All PGMs, MTNL, Mumbai: For infn. pl.
- (3) All Sr. GMs, MTNL, Mumbai: For infn. pl.
- (4) DGM (Pension)/ SM (WFMS)/ SM (FC): For infn. pl.
- (5) General Secretary, MTNKS, Mumbai.
- (6) Association and Union of Retired Officers & Employees.


Sr. Manager (Welfare & Sports)
MTNL, Mumbai.

12/3/2018
वरिष्ठ प्रबंधक (कल्याण/खेल)
Senior Manager (Wel./Sports)
महानगर टेलिफोन निगम लि., मुंबई.
Mahanagar Telephone Nigam Ltd., Mumbai.

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 (Admn) _____,
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.

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.

Signature: _____

Place: _____

Name of Employee: _____

Date: _____

Resi. Address: _____

Stamp & Sign of
SM (Admn) _____

Mob No. _____

L/L Tel. No. _____

E-mail ID, if any _____

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

(To be obtained from MTNL Retired employee/ spouse)

Annexure 'G'
2017-18

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

I, Ms/Mrs./Mr. _____, MTNL
Staff No. _____, Design. _____, retired from O/o. GM (Unit)
_____, MTNL Mumbai, on _____. I, hereby, declare that (Tick the
relevant):-

* If Both Living – Name of spouse: _____

- I am willing to avail Contributory Group Health Insurance Scheme (CGHIS) provided by MTNL for MTNL's retired employees from 01.10.2017.
- I agree to deduct 50% of CGHIS premium from my OPD claim amount.
OR
I will deposit 50% of CGHIS premium by cash/cheque.
- I am not willing to avail CGHIS provided by MTNL for it's retired employees from 01.10.2017.
- I am not availing CGHIS provided by MTNL for it's retired employees since _____.

My personal details are as follows:-

- Name _____
- CPF Number/PPO Number (as the case may be) _____
- Scale of Pay at the time of Retirement _____
- Mobile Number _____
- E-mail Id _____
- 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 2017-18, subject to change in contribution from MTNL, C.O., New Delhi. (Tick the relevant):-

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

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

SM/DM (Admn)
MTNL, Mumbai (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.

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. 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.
4. 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.C. No. _____ Staff No. _____

Designation _____ Scale of Pay _____ Basic Pay _____

Address for
Correspondence _____Signature of the
applicant _____Forwarded to : TPA
Sr. Manager (Admn) _____Dy. Manager (Cash/Works)
MTNL, Mumbai

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

1. Name of the Retired Employee _____
2. P.C. 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: _____

Verified and found O.K.

Forwarded to : TPA
Sr. Manager (Admn) _____

Dy. Manager (Cash/Works)
MTNL, Mumbai

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:

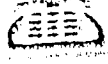
Place:

Name:

Address:

Phone No:

Mobile No:



MAHANAGAR TELEPHONE NIGAM LIMITED
(A GOVT. OF INDIA ENTERPRISES)
CORPORATE OFFICE

No. MTNL/CO/Per/Medical/Delhi/2010/551
Dated: 17/11/2011

CIRCULAR

Sub: Medical Reimbursement of bills in case of self and/ or spouse working/retired from MTNL.

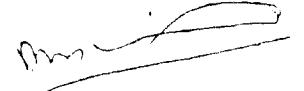
Ref: File No. MR/OPD Ruling/2010-11 of MTNL Delhi Unit

This is with reference to the queries raised by MTNL Delhi/Mumbai Unit regarding medical reimbursement of bills in case of self and/ or spouse working/retired from MTNL.

In this regard, the following situations are clarified as under-

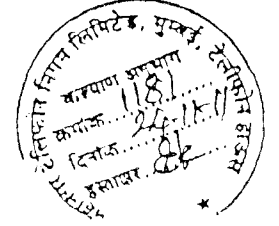
1. Employee and spouse both working employees of MTNL- One of them shall be issued the working employee medical card and other will be covered as dependent.
2. Employee working in MTNL and spouse retired from MTNL- The medical card will be issued to working employee (Spouse retired from MTNL shall be covered as dependent). No separate card shall be issued to such MTNL retiree.
3. Employee and spouse both retired from MTNL- One of them shall be issued the card and other will be covered as dependent.

This is issued with the approval of Competent Authority.


(M.K. Saxena)
Jt. GM(HR)

Copy to:

1. ED, MTNL Delhi/Mumbai
2. GM(Admin), MTNL Delhi/Mumbai
3. GM(Fin), MTNL Delhi/Mumbai
4. DGM(IR), MTNL Delhi/Mumbai



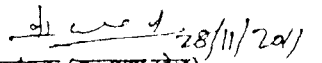
संख्या. डब्ल्यूएल/110-23/जीएचआयपी/कार्यरत कर्मचारि/2011-12

दि. 25/11/2011

सेवा में,

- 1) सभी प्रमुख महाप्रबंधक/महाप्रबंधक/मुख्य अभि.(भवन निर्माण)/विद्युत
- 2) अध्यक्ष, म.टै.नि. कामगार संघ

जानकारी एवं उचित कारवाई हेतु ।


वरिष्ठ प्रबंधक (कल्याण खेल)
Senior Manager (Wel./Sports)
महानगर टेलिफोन निगम लि., मुंबई.
Mahanagar Telephone Nigam Ltd., Mumbai.

8
4510
94/c

MAHANAGAR TELEPHONE NIGAM LIMITED
CORPORATE OFFICE
6TH FLOOR, MDS SADAN, 9, CGO COMPLEX, LODHI ROAD, NEW DELHI-110003

No. MTNL/CO/Med/Retiree Renewal/GHIS/ w.e.f. 01/10/2017/231
Dated: 13/02/2018

To/
✓ GM (Admn)
MTNL
Mumbai Unit

Sub: Contributory Group Health Insurance Policy for MTNL Retired Employees w.e.f. 01/10/2017 to 30/09/2018

As per the information received from UIIC, very less number of regular retirees (month-wise) who have been retiring since October, 2017 onwards have been enrolled in the current policy.

It is requested to update details of the regular retirees who have retired after October, 2017 pending for enrollment to UIIC on an urgent basis.

Regarding further regular monthwise retirees, it is requested to collect consent from all the prospective retirees for a clear cut option of CGHS/CGHIS/availling no medical facility from MTNL at the time when the prospective new retirees are submitting their documents for retirement atleast 3 months in advance with pension papers.

The above said procedure is to make sure that papers regarding enrollment in retiree scheme may be submitted to UIIC well before retirement of the retiree so that medical facilities can be extended to the retiree without any break.

As per UIIC, claims before enrollment date will not be entertained as the system is electronic. The completed forms shall be sent to UIIC directly as being done in current policy. Monthly statement of enrollment is to be sent to this office for releasing the premium.

It is requested to complete the process on an urgent basis and send it to Corporate Office.

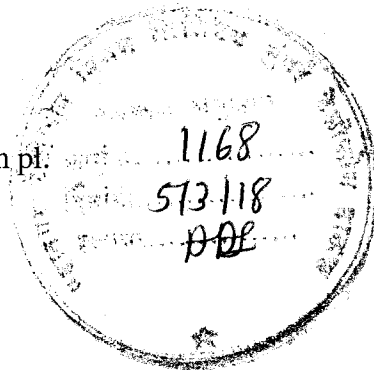
This is issued with the approval of Competent Authority.


13.2.18
Sr. Manager (HR-Med)
MTNL Corporate Office

Copy to:

1. ED (Mumbai) for information pl:

महानगर टेलिफोन निगम लि.
कार्यालय
महानगर टेलिफोन निगम लि., मुंबई.
Inward No. 523
5 MAR 2018
/Time 1515
Manager (Admn)



SR (SR)
URGENT
CW
5/3/2-18

REGISTERED OFFICE: 5TH FLOOR, MDS SADAN, 9, CGO COMPLEX, LODHI ROAD, NEW DELHI -110003