

1291C

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

MTNL/CO/Med/Retiree/CGHS/2016/209
Dated 11/07/2018

To,
Executive Director
MTNL
Delhi Unit/Mumbai Unit

Sub: Option for CGHS/CGHIS/FMA (for non-CGHS Area)//No facility from MTNL from retired/retiring MTNL Employees

Ref:

1. Department of Health and Family Welfare letter No. S14025/23/2013-MS.EHSS dated 29.09.2016 regarding Reimbursement of medical claims to pensioners endorsed by DOT vide F. No. 4-12(03)/2018-PAT dated 22/02/2018
2. Central Pension Account office letter No. CPAO/IT&Tech/Revision (7th CPC)/19.Vol-III/2017-18/68 dated 14.07.2017 regarding revised Fixed Medical Allowance and Constant Attendance allowance on 100% disablement endorsed by DOT vide F. No. 4-12(05)/2018-PAT dated 05/03/2018.

Please find enclosed letters dated 22.02.2018 and 05.03.2018 from Department of Telecommunications vide which OM No. S14025/23/2013-MS. EHSS dated 29/09/2016 has been forwarded regarding Fixed Medical Allowance (FMA) & Constant Attendance Allowance (CAA).

In view of the above, it is requested to take consent for CGHS/CGHIS/FMA (for non-CGHS Area)//No medical facility from MTNL. A draft performa in this regard is enclosed for taking option from all the existing retired employees who are availing MTNL medical facilities by sending the form to all such retired employees individually (draft letter enclosed). Further, all the officials who are retiring now onwards, the option shall be taken from them at the time of filling of pension forms atleast 3 months in advance.

Also, instruction may be given to DGM (Pen) to coordinate with WFMS unit for any change/addition in WFMS for further conveying the information to the CCA.

It may further be noted by all that the option is required to be submitted by 31.08.2018 by all retired employees who are availing MTNL medical facility. In case, no option is submitted, it will be assumed that no medical facility from MTNL is required by those retirees.

This is issued with the approval of competent authority.


DGM (Pers)
MTNL Corporate Office

Encl: As above

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

o/e

124/C-1

Self Declaration Form

I Ms/Mrs./Mr. _____ retired from O/o _____
MTNL on _____. I, hereby, declare that (Tick the relevant):-

1. I would like to avail CGHS facility as provided by Government of India.
2. I would like to avail facility of FMA (Fixed Medical Allowance) as I do not reside in CGHS area and the facility of CGHS for Indoor patient treatment.
3. I am willing to avail Contributory Group Health Insurance Scheme (CGHIS) provided by MTNL for MTNL's retired employees and I give my consent to deduct 50% of CGHIS premium from my OPD claim amount.
4. I am not willing to avail any medical facility provided by MTNL for it's retired employees.

My personal details are as follows:-

1. Name _____
2. CPF/PPO Number _____
3. Scale of Pay at the time of Retirement _____
4. Mobile Number _____
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 _____

Mamun

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

12/11/18-2

1. SAMPLE

To,

Sh... ..
.....
.....
.....

Sub: Option for CGHS/CGHIS/FMA (for non-CGHS Area)//No facility from MTNL from retired/retiring MTNL Employees

Ref:

1. Department of Health and Family Welfare letter No. S14025/23/2013-MS.EHSS dated 29.09.2016 regarding Reimbursement of medical claims to pensioners endorsed by DOT vide F. No. 4-12(03)/2018-PAT dated 22/02/2018
2. Central Pension Account office letter No. CPAO/IT&Tech/Revision (7th CPC)/19.Vol-III/2017-18/68 dated 14.07.2017 regarding revised Fixed Medical Allowance and Constant Attendance allowance on 100% disablement endorsed by DOT vide F. No. 4-12(05)/2018-PAT dated 05/03/2018.

You are requested to provide consent for either CGHS/CGHIS/FMA (for non-CGHS Area)//No medical facility from MTNL. A draft performa in this regard is enclosed for giving your option and submit to

It may further be noted by all that the option is required to be submitted by 31.08.2018 by all retired employees who are availing MTNL facility. In case, no option is submitted, it will be assumed that no medical facility from MTNL is required by those retirees.

This is issued with the approval of competent authority.

MTNL Delhi/Mumbai

Encl: As above