

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/CGHS/2016-17/3

DT. 02/02/2017

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

Sub: Change over of Medical Insurance Policy of Retired MTNL Employees to CGHS

- Ref:** (1) End. No.MTNL/CO/Pers/Extn. of CGHS MTNL Absorbees/
Team Chg/2013-14/287, dt. 13.05.2016
(2) End. No.WL/110-32/GHIP/WE/Office Orders/2016-17/26/28, dt. 24.05.2016,
dt. 16.06.2016
(3) MTNL/CO/Med/Retiree/CGHS/2016/502/40/41, dt. 14.06.2016, dt. 19.01.2017,
20.01.2017 respectively
(4) WL/110-23/Retd. Empl/CGHS/2016-17/11, dt. 13.07.2016

In continuation of this office letter under Ref. No.4 above, the CGHS facilities is being extended to Retired MTNL employees. The Retired MTNL employees in whose cases **modified PPOs** are issued by CCA, are asked to apply for CGHS facility, including those cases in which **modified PPOs get issued**.

The erstwhile Central Government employees, who got absorbed in MTNL and retired and currently in receipt of Central Civil Pension from Central Civil Estimates under **'Major Head – 2071'** are eligible to join CGHS. Their subscription rate and ward entitlement may be determined as per their PPO.

In order to avail CGHS facilities, the Retired MTNL Employees will have to follow the procedure as per requirement from CGHS, unit of Ministry of Head & Family Welfare, Directorate General of CGHS.

Following is the procedure for getting the CGHS Medical Facilities by MTNL Retired Employees:-

1. Retired MTNL employees whose modified PPOs issued shall have to fill-up the **FORM 'B'** (Application for CGHS Card for Pensioners of Central Government). **"Details regarding submission of essential documents are mentioned in FORM 'B' itself."** (The copy of **FORM 'B'** is enclosed for ready reference and also available at: cghs.nic.in). The CGHS office shall inform payment of contribution of pensioners at the time of submission of Application after verification of all documents.
2. The concerned SM (Admn) shall issue the Certificate regarding receipt of Central Civil Pension from Government of India (Office of Pr. Controller, Communication Accounts, Maharashtra) DOT, after verifying the PPO issued by Office of Pr. Controller, Communication Accounts, Maharashtra in respect of the concerned Retired MTNL Employee, as they are getting Government Pension. **(Format of certificate is enclosed)**. After issue of certificate, concerned SM (Admn) shall maintain the record regarding enrollment of retired MTNL employees with CGHS and submit the **daily report** to SM (Welfare), MTNL, Mumbai for onward transmission to Corporate Office.

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3. The Retired MTNL employee has to submit the **FORM 'B'** personally to CGHS Office alongwith following documents **in addition to the documents mentioned in FORM 'B':-**
- Certificate regarding receipt of Central Civil Pension from Government of India (Office of Pr. Controller, Communication Accounts, Maharashtra), DOT, (to be issued by concerned SM(A) – as per format enclosed).
 - Attested copies of modified PPO (issued by Office of Pr. Controller, Communication Accounts, Maharashtra), DOT.
 - The timing for submission of CGHS Form to CGHS Office is 10.00 a.m. to 1.00 p.m.**

Address of CGHS (Mumbai Office).

**OFFICE OF THE ADDITIONAL DIRECTOR
CENTRAL GOVERNMENT HEALTH SCHEME**

Pratishtha Bhavan (Old CGO Building),

Ground Floor, South Wing,


101, M. K. Road, New Marine Lines,

Mumbai – 400 020.

Website : www.cghsmumbai.gov.in; cghs.nic.in;

4. The pensioner has to pay Contribution to CGHS office as per the rate defined by CGHS. After payment of Contribution by Pensioners to CGHS, the Retired MTNL employee shall submit the copy of Receipt issued by CGHS to concerned DM (Cash) for getting refund of 50% of the defined contribution for life time CGHS membership subject to minimum of Rs.6,000/- and maximum of Rs.15,000/-. Thereafter the concerned DM (Cash) shall **not extend the OPD facility to Retired employee** and the said report shall be submitted to concerned SM (Admn) for onward transmission to SM (Welfare), MTNL, Mumbai, on or before 5th day of each calendar month.
5. The above CGHS facility is applicable only to those Retired MTNL employees who have received **modified PPO** from Office of Pr. Controller, Communication Accounts, Maharashtra, Government of India.
6. **The concerned SM/ DM/ AM (Admn) shall be the NODAL OFFICER for smooth functioning of CGHS facility to Retired MTNL Employees.**
7. The above guidelines in respect of CGHS registration by the Retired Employees who have been issued modified PPO by Pr. Controller, Communication Accounts, Maharashtra (CCA), DOT may be given wide publicity and concerned **SM/ DM/ AM (Admn)** is requested to inform the concerned Retired employees accordingly.

This issues with the approval of the Competent Authority.


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

21/2/2017

Encl: As above.

Copy to:

- SM to ED, MTNL, Mumbai: For infn. pl.
- All PGMs, MTNL, Mumbai: For infn. pl.
- General Secretary, MTNKS, Mumbai.
- Association and Union of Retired Officers & Employees.

(To be issued on letterhead of MTNL by concerned SM (Admn) for pensioner)

Date: _____

TO WHOMSOEVER IT MAY CONCERN

**Certificate regarding Receipt of Central Civil Pension
from Govt. of India**

This is to certify that after verifying the PPO issued by Office of Pr. Controller, Communication Accounts, Maharashtra (CCA) of Shri/Smt. _____, Staff No. _____ (as per PPO), Design _____ retired from MTNL on _____ and is in receipt of Central Civil Pension from Central Civil Estimates under 'Major Head – 2071' of Government of India (Pr. Controller, Communication Accounts, Maharashtra), vide PPO No. _____

The above retired employee is not drawing any medical allowance.

On issue of CGHS card, MTNL shall not extend MTNL Medical facility (IPD & OPD) to the above retired employee.

This certificate is issued to him/her for availing CGHS facility.

Sr. Manager (Admn) _____
MTNL, Mumbai.
(Signature with Office Seal)

CGHS Card No while in service : _____

APPLICATION FOR CGHS CARD for PENSIONERS OF CENTRAL GOVERNMENT

1. Name of the Applicant: _____
2. Category Pensioners Others (Pl.Specify)

3. Name of Department / Service from where retired

4. Last Pay Basic Pension :
(In case of Pensioners)

5. Residential Address: _____

6. Telephone Number: (R) (M)

7. e-mail ID _____

8. Date of Superannuation: ____/____/____
Date Month Year

9. Details of Family

(* Please see definition of Family before filling up this column)

S.No.	Name of Family member	Name in Hindi	Relation ship to CGHS Card Holder*	Date of Birth# (Compulsory)	Blood Group (optional)
			Self		

(* Please attach Proof of age of Persons mentioned above)

10. Are all the persons whose names are given above, are dependant upon you and are residing with you? Yes / No

(Please attach proof of their staying with you, like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc.,)

11. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below.

S.No Name	S.No Name	S.No..... Name	S.No..... Name
S.No Name	S.No Name	S.No..... Name	S.No..... Name

I Undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the CGHS Card(s) on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

- Encl. Proof of Residence / Stay of dependents
- Proof of age of son/ Disability certificate
- Surrender Certificate of CGHS Card while in service
- Attested copies of PPO & Last Pay Certificate

DD bearing No.....dateddrawn on BankBranch / Postal Order No. for Rs.....

Signature of Applicant.

To
The Additional Director, CGHS(HQ), 9, Bikaner House Hubments, Shahjahan Road, New Delhi.

(to be filled by CGHS)

Verified – by Authorized Signatory, CGHS(HQ) valid upto...../...../..... / for Rest of Life

CGHS Dispensary Allotted

Entitlement : General Ward / Semi-Private Ward / Private Ward

Signature

INSTRUCTIONS

Definition of Family:

- (1) Husband / Wife* (* First wife only)
- (2) Dependant Parents / Step Mother (in case of adoption , only adoptive & not real parents)
- (3) If adoptive father has more than one wife , the first wife only.
- (4) A female employee has a choice to include either her dependent parents or her dependent parents - in law ; option exercise can be changed only once during service .
- (5) Children including legally adopted children , step children and children taken as wards subject to the following conditions:

1	Son	Till he starts earning or attains the age of 25 years , whichever is earlier.
2	Daughter	Till she starts earning or gets married , irrespective of the age limit , whichever may be earlier.
3	Son Suffering from any permanent disability of any kind (physical or mental) as defined below	Irrespective of age limit.
4	Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters.	Irrespective of age limit
5	Dependent Minor brother(s)	Up to the age of becoming a major

*For the purpose of availing CGHS facility for a disabled sons above 25 years , please attach a copy of n the certificate of disability issued by the competent authority. 'Disability' will be AS DEFINED IN SECTION 2(1) OF 'THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT, 1995 (NO. 1 OF 1996)' WHICH IS REPRODUCED BELOW:

- (1) 'DISABILITY' MEANS
- (I) BLINDNESS
 - (II) LOW VISION
 - (III) LEPROCY CURED
 - (IV) HEARING IMPAIRMENT
 - (V) LOCOMOTOR DISABILITY
 - (VI) MENTAL RETARDATION
 - (VII) MENTAL ILLNESS

(VIII) Dependency:
Members of family (other than spouse) whose income is less than Rs.3500/- PDA per Months are treated as dependents and are normally residing with CGHS beneficiary.

The Following Documents are to be enclosed:

- (I) Proof of Residence / Stay of dependents - (copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc.)
- (II) Proof of age of son -
- (III) Attested Copy of Disability certificate issued by Competent Authority (in case of dependent son aged 25 and above)
- (IV) Surrender Certificate of CGHS Card while in service.
- (V) Attested copies of PPO & Last Pay Certificate
- (VI) Contribution by Pensioners should be made by Bank Draft (Scheduled Banks) Payable in Mumbai in favor of "Pay & Accounts Officer, Ministry of Health & Family Welfare, Mumbai"
- (VII) A certificate of non-drawls of medical allowance of Rs.300/- per month from Bank/Office
- (VIII) One Individual Passport size Photos pasted on Form should be attested by Gazetted officer & 2 Group photos with form submit to office