

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

No. MTNL/CO/Pers/REC-GHIS/2009/46970/0
Dated: 7/10/2011

CIRCULAR

Sub: Group Health Insurance Policy for MTNL Retired employees- 2008 relaunched
w.e.f. 01.10.2010.


This is in continuation of this office letter of even no. dated 30.09.2011 vide which the annual premium for Group Health Insurance Policy for MTNL Retired employees- 2008 has been paid for the period from 01.10.2011 to 30.09.2012.

In this regard, the procedure to be followed for issue of Photo ID Cards as mentioned in our office letter of even no. dated 30.09.2010 is reiterated as follows-

1. Retiree shall apply in Annexure-A to GM (Admn) and after being duly verified by AO(Pension) and AGM(Admn), one copy shall be provided to TPA for making Photo ID Card and other copy shall be retained in Admn Section.
2. Copy of valid MTNL retiree medical card issued by Delhi/Mumbai Unit shall be attached.
3. Retiree shall also fill a declaration in Annexure B regarding not drawing medical facility from any other source.

The above procedure should be followed religiously while making Retiree TPA Medical Card.

This is issued with the approval of Competent Authority.


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

Encl: As above

Copy to:

1. ED, MTNL Delhi/Mumbai
2. GM(Admn) MTNL Delhi/Mumbai: for information and compliance, pl
3. GM(Fin), MTNL Delhi/Mumbai
4. DGM(IR), MTNL Delhi/Mumbai: for wide circulation among all retirees and implementation, pl
5. M/s United India Insurance Co. Ltd
6. M/s E-Meditek TPA (Delhi) and M/s Med Save TPA (Mumbai)

REGISTERED & CORPORATE OFFICE


Jeevan Bharati, Tower-1, 12th Floor, 124, Connaught Circus, New Delhi-110001 India

संख्या. डब्लूएल/110-23/जीएचआईपी/रिटायर्ड एम्प्ल./2011-12 दि. 7/10/2011

सेवा में,

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

जानकारी एवं उचित कारवाई हेतु।


Senior Manager (Wei./Sports)
महानगर टेलिफोन निगम लि., मुंबई.
Mahanager Telephone Nigam Ltd., Mumbai.

Annexure - A

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME - 2008
APPLICATION FOR REGISTRATION
 (To be filled in duplicate)

GM (Admn.)
 MTNL

Sir,

1. I have retired from the services of MTNL after attaining the age of superannuation on _____ and would like to join the Company's Retired Employees Contributory Medical Scheme - 2008.
2. I request that medical coverage be extended to self and /or spouses as named below:

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

1. Reimbursement of indoor claims (if any) submitted from time to time may please be deposited in my bank account No. _____ with _____ Bank, Mumbai as admitted/through cheque drawn in my name/through ECS. (Photocopy of first page of bank passbook/bank statement/ cancelled cheques is attached with)
2. I undertake to notify to the company any change in the above particulars as soon as it occurs.
3. I (Retiree/Spouse) understand that the company reserves the right to refuse the membership to any retired employee or terminate the same at any time, by giving one month's notice formally to individual retiree/spouse 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:

(Self) _____ (Spouse) _____

Name:(Self) _____ (Spouse) _____

Phone NO. Res.: _____ Mobile _____

Emp. No. _____ PPO NO/EPF No _____

Designation at the time of Retirement _____

Pay Scale at the time of Retirement _____

Basic Pay at the time of Retirement _____

Address for Correspondence _____

Signature of the
 applicant _____

Verified by : AO (Pension) _____

Forwarded to TPA: AGM (Admn) _____

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME-2008

CERTIFICATION/DECLARATION
(Tick mark whichever is applicable)

1. Certified that I have not been re-employed on full-time basis elsewhere, or I am not availing any other medical cover in consequence of employment of my spouse, children, any other type of medical facility or allowance from any other source.
2. Certified that my spouse is employed/ not employed.
3. Certified that my spouse, Mr/Mrs _____ is employed with _____ but he/she is not availing any medical facility nor drawing any 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: