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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/2017-18/6

DT 24/08/2017

**MOST URGENT
TIME BOUND**

To,
All SMs (Admin)/ SM (BW)/ SM (FC),
MTNL, Mumbai.

Sub: Contributory Group Health Insurance Scheme (CGHIS) for MTNL Retired employees

Ref: MTNL/CO/Med/Retiree Renewal/ GHIS/ w.e.f. 1.10.2017/48, dt. 14.08.2017

With reference to the subject cited above, in order to avail Contributory Group Health Insurance Scheme (CGHIS) facilities through TPA for the policy year **2017-18 (1.10.2017 to 30.09.2018)** the following procedure is required to be followed:-

1. The Retired MTNL employee/ spouse shall submit **Annexure 'G'** (Self Declaration Form for availing MTNL CGHIS facility) alongwith **Annexure 'A', 'B' & 'F' (alongwith copy of any previous year medical card, if available)** as per enclosures, to the concerned SM (Admin) before **12 .09.2017** and who will in turn complete the necessary procedure as per **previous year policy terms and conditions.**
2. Before forwarding forms to SM (Welfare), MTNL, the concerned SM (A)/ DM (A)/ AM (A) should scrutinize/verify the forms properly. If any incomplete forms are received, same may be got completed in all respect.
3. The concerned SM/DM/AM (Admin) shall submit consolidated enrollment form completed in all respect in **DUPLICATE** alongwith list to SM (Welfare) in **HARD COPY & SOFT COPY** by mail at **welfaresection9@gmail.com** & in Pen-drive as per **attached format in EXCEL**, before **15.09.2017** regarding confirmation of enrollment in CGHIS, from MTNL Retired employee for the policy year 2017-18.
4. One xerox copy of Annexure 'A', 'B', 'F' & 'G' may be retained with concerned SM/DM/AM (Admin) for record purpose.

5. 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.

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.

Hindi version will follow.

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/ GMs, MTNL, Mumbai: For infn. pl.
- (4) General Secretary, MTNKS, Mumbai.
- (5) Association and Union of Retired Executives & Non-Executives.

Swani
Sr. Manager (Welfare & Sports)
MTNL, Mumbai. 24/8/17
 अधिकृत अधिकारी (कल्याणकर्म क्षेत्र 9)
 Senior Manager (Welfare & Sports)
 MTNL, Mumbai.
 महानगर टेलीफोन निगम लिमिटेड, मुंबई

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:

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

(To be obtained from MTNL Retired employee/ spouse)

Annexure 'G'

**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):-

1. I am willing to avail Contributory Group Health Insurance Scheme (CGHIS) provided by MTNL for MTNL's retired employees from 01.10.2016.
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 01.10.2016.
4. I am not availing CGHIS provided by MTNL for it's retired employees since _____.

My personal details are as follows:-

1. Name _____
2. CPF Number/PPO Number (as the case may be) _____
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 _____

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: welfaresection9@gmail.com) for confirmation of enrollment in CGHIS of Retired Employees, for the policy year 2017-18.

Sr. No.	Name of Retired Employee	Design	Staff No.	GM Unit	DM (Cash) unit	Relationship	Gender	Both Living/ Single Living	Date of Birth	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