

# 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/2019-20/7

DT. 04/09/2019

To,

All PGMs/ Sr. GMs,  
All GMs/ CE(BW)/ All DGM (IFAs), MTNL, Mumbai.

**MOST URGENT  
TIME BOUND**

**Sub: Submission of enrollment form by Employee Retired from MTNL or his/her spouse for availing Contributory Group Health Insurance Scheme (CGHIS) for the policy commencing from 01.10.2019 to 30.09.2020**

**Ref: No.MTNL/CO/Medical/ Retiree Renewal/ CGHIS w.e.f. 1.10.18/62, dt. 20.8.2019**

With reference to the subject cited above, the letter received from Corporate Office, in order to avail Contributory Group Health Insurance Scheme (CGHIS) facilities by **Employee Retired from MTNL or his/her spouse** through TPA for the policy year **2019-20 (01.10.2019 to 30.09.2020)** the following procedure is required to be followed:-

1. Employee Retired from MTNL or his/her spouse who is having the **Medical Insurance Card for the policy year 2018-19 (1.10.2018 to 30.09.2019), issued through Medsave TPA**, he/she may submit **ONLY Annexure 'G'** (Self Declaration Form for availing MTNL CGHIS facility) **alongwith xerox copy of medical card of policy year 2018-19 (i.e. for Single Living – copy of self card and Both Living – copies of self & spouse cards) in duplicate** for the policy year **2019-20 (01.10.2019 to 30.09.2020) to concerned SM/ DM (Admin).**

2. If the Employee Retired from MTNL or his/her spouse who is **NOT having previous year Medical Insurance Card**, he/she shall submit **Annexure 'G'** (Self Declaration Form for availing MTNL CGHIS facility) alongwith **Annexure 'A', 'B' & 'F'** (alongwith copy of Aadhaar Card or PAN card) **in duplicate to concerned SM/ DM (Admin).**

3. The enrollment forms are to be received by concerned SM/ DM/ AM (Admin) unit and who in turn will forward **staff No. wise one set of original & one set of Xerox of Annexure 'A', 'B' & 'F' AND Two Xerox copies of Annexure 'G' after signature with SEAL of concerned SM/DM/AM (Admin) (before forwarding to concerned DM (Cash/Works) i.e. Xerox copy of Annexure 'G' shall be submitted to SM (Welfare) without signature of DM (Cash/Works) for avoiding delay and early enrollment with Corporate Office/ Insurance Co.)** for deduction of Insurance of the premium from OPD limit) to SM (Welfare), 9<sup>th</sup> Floor, Prabhadevi, ON DAILY BASIS for enrollment in **CGHIS 2019-20. In order to get break free medical coverage, retirees are advised to submit enrollment form before 23.09.2019 to concerned SM (Admn) and concerned SM (Admn) shall forward the same to SM (Welfare) on daily basis.**

4. The **Annexure 'H'** is to be received from Retiring employee by concerned SM/ DM (Admin) at the time when prospective new retirees are submitting their documents for retirement atleast 3 months in advance with pension papers alongwith **Annexure 'G'** (Self Declaration Form

....2..

for availing MTNL CGHIS facility) and **Annexure 'A', 'B' & 'F' (alongwith copy of Aadhaar Card or PAN card) in duplicate**, to be forwarded for enrollment in CGHIS 2019-20 **without any delay**, so that the medical facilities can be extended to the retiree without any break.


5. **Only Original Annexure 'G' form** shall be forwarded to concerned DM (Cash/Works) **(i.e. last retirement GM unit only)** for deduction of Insurance of the premium from OPD limit i.e. an amount of Rs.6,261/- per retiree in case of retiree with spouse and Rs.3,775/- per retiree in case of single retiree/spouse towards their contribution for drawing medical facilities from MTNL. **DM (Cash/Works) will forward the original Annexure 'G' duly signed** to the concerned SM/ DM/ AM (Admin) for record purpose.
6. **One xerox copy of Annexure 'A', 'B', 'F' & 'G' may be retained with concerned SM/DM/AM (Admin) for record purpose and acknowledgement to be given to retiree with office seal.**

7. **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.**

8. This CGHIS medical scheme is applicable to **Employee Retired from MTNL or his/her spouse Optee only.**
9. The Employee Retired from MTNL or his/her spouse, those who have **got CGHS Card (Central Government Health Scheme)**, should not be allowed to avail this CGHIS facility.
10. **The Employee Retired from MTNL or his/her spouse will be eligible to get indoor medical facility after one month from the date of receipt of medical enrollment form in Welfare section. If enrollment form not submitted for the policy year 2019-20, the Employee Retired from MTNL or his/her spouse shall not get medical facility.**
11. **The concerned SM/DM/AM (Admin) shall forward consolidated enrollment form i.e. Annexure 'G' (Self Declaration Form for availing MTNL CGHIS facility) alongwith Annexure 'A', 'B' & 'F' for CGHIS, completed in all respect staff No. wise list to SM (Welfare) in HARD COPY & SOFT COPY by mail at welfaresection1@gmail.com & in Pen-drive as per attached format in EXCEL, ON DAILY BASIS for enrollment in CGHIS policy year 2019-20. (Two bunch of only 'G' Form and two bunch of 'A', 'B', 'F' & 'G' shall be forwarded separately. If mixed form is forwarded, same shall be returned back).**

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.

  
Dy. General Manager (IR)  
MTNL, Mumbai.

**Note: Both Living: Form submitted for both i.e. Retiree & Spouse**  
**Single Living: Form submitted for single i.e. Retiree OR Spouse**

Copy to:

- (1) GM (HR), C.O.
- (2) SM to ED, MTNL, Mumbai: For infn. pl.
- (3) SM (WFMS)
- (4) All SMs (Admin)/ SM (BW)/ SM (FC): For necessary action pl.
- (5) All DM (Cash/ Works): For deduction of Insurance Premium.
- (6) General Secretary, MTNKS, Mumbai.
- (7) Association and Union of Retired Executives & Non-Executives.

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH INSURANCE SCHEME**

APPLICATION FOR REGISTRATION &amp; CLAIMS

(Tick mark whichever is applicable)

SM (Admin) HQ  
MTNL DELHI/MUMBAI

Sr.

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. I 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.O. No. \_\_\_\_\_ Staff No. \_\_\_\_\_

Designation \_\_\_\_\_ Scale of Pay \_\_\_\_\_ Basic Pay \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

Signature of the applicant \_\_\_\_\_

Signature of SM/DM (Admin) \_\_\_\_\_  
MTNL, Mumbai (with SEAL)

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

1. Name of the Retired Employee \_\_\_\_\_
2. P.P.O.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: \_\_\_\_\_

**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 employee/ spouse Retired from MTNL)

**2019-20**

**Annexure 'G'**

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

I, Ms/Mrs./Mr. \_\_\_\_\_,  
(NAME) (MIDDLE NAME) (SURNAME)  
 My DOB is: \_\_\_\_/\_\_\_\_/\_\_\_\_ (spouse of Late \_\_\_\_\_  
 \_\_\_\_\_ (applicable only for family pensioner), MTNL Staff No.  
 \_\_\_\_\_, Design. \_\_\_\_\_, retired on date \_\_\_\_/\_\_\_\_/\_\_\_\_, from  
 MTNL GM Unit \_\_\_\_\_. I, hereby, declare that (Tick the relevant or strike out):-

\* If Both Living – Name of spouse: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

1. I am willing to avail Contributory Group Health Insurance Scheme (CGHIS) provided by MTNL for MTNL's retired employees from 01.10.2019.
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 01.10.2019.
4. I am not availing CGHIS provided by MTNL for it's retired employees since \_\_\_\_\_
5. My spouse is working with MTNL and I will be dependent upon him/her after my retirement.
6. *I am not willing to avail any medical facility provided by MTNL for retirees as I have not opted for CGHIS/CGHS.*

My personal details are as follows:-

1. Name \_\_\_\_\_
2. PPO Number (if available) \_\_\_\_\_
3. Scale of Pay at the time of Retirement \_\_\_\_\_
4. Mobile Number \_\_\_\_\_ Landline No. \_\_\_\_\_
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 \_\_\_\_\_

Deducted 50% of the premium from OPD limit for the policy year 2019-20.

(Tick the relevant):-

1. Rs.6,261/- per retiree for Both Living (Form submitted for both i.e. Retiree & Spouse)
2. Rs.3,775/- per retiree for Single Living (Form submitted for single i.e. Retiree OR Spouse)

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

SM/DM (Admn)  
MTNL, Mumbai (with SEAL)

**Applicable for New Retiree only**

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 (Admin) \_\_\_\_\_,  
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 within 03 (three) months from the date of Retirement OR Retiree may submit LPC/ PPO to get 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.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_

Stamp & Sign of  
SM (Admin) \_\_\_\_\_

Signature: \_\_\_\_\_  
Name of Employee: \_\_\_\_\_  
Resi. Address: \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Mob No. \_\_\_\_\_  
L/L Tel. No. \_\_\_\_\_  
E-mail ID, if any \_\_\_\_\_

**For availing CGHIS facility for the policy period from 01.10.2019 to 30.09.2020**

**GM Unit  
ANNEXURE**

Sr. No.	Name of Retired Employee	Date of Birth	Gender (Male/Female)	Design	Staff No.	GM Unit	DM (Cash) unit	Name of spouse (if any)	Gender (Male/Female) of spouse	Relationship of spouse with employee (Wife/Husband)	Both Living/ Single Living	Date of Birth of spouse	Date of Superannuation/ VR/ CR, etc.	Mobile No. of Employee (Mandatory)	Email ID of employee, if any (optional)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
<b>TOTAL</b>															

Date: \_\_\_\_\_

Signature of SM (Admn) with SEAL



## Guidelines to Retiree/ concerned SM (Admn)/ DM (Cash/works)

### Retiree will do.....

1. Employee Retired from MTNL or his/her spouse who is having the Medical Insurance Card for the policy year 2018-19 (1.10.2018 to 30.09.2019), issued through Medsave TPA, he/she may submit ONLY Annexure 'G' (Self Declaration Form for availing MTNL CGHIS facility) alongwith xerox copy of medical card of policy year 2018-19 (i.e. for Single Living – copy of self card and Both Living – copies of self & spouse cards) in duplicate for the policy year 2019-20 (01.10.2019 to 30.09.2020) to concerned SM/ DM (Admin).
2. If the Employee Retired from MTNL or his/her spouse who is NOT having previous year Medical Insurance Card, he/she shall submit Annexure 'G' (Self Declaration Form for availing MTNL CGHIS facility) alongwith Annexure 'A', 'B' & 'F' (alongwith copy of Aadhaar Card or PAN card) in duplicate to concerned SM/ DM (Admin).
3. In order to get break free medical coverage, retirees are advised to submit enrollment form before 23.09.2019 to concerned SM (Admn) and concerned SM (Admn) shall forward the same to SM (Welfare) on daily basis.
4. Get acknowledgement with office seal from concerned SM (Admn) for record purpose.

### Concerned SM/ DM/ AM (Admn) will do.....

1. The enrollment forms are to be received by concerned SM/ DM/ AM (Admin) unit and who in turn will forward staff No. wise one set of original & one set of Xerox of Annexure 'A', 'B' & 'F' AND Two Xerox copies of Annexure 'G' after signature with SEAL of concerned SM/DM/AM (Admin) (before forwarding to concerned DM (Cash/Works) i.e. Xerox copy of Annexure 'G' shall be submitted to SM (Welfare) without signature of DM (Cash/Works) for avoiding delay and early enrollment with Corporate Office/ Insurance Co.) to SM (Welfare), 9<sup>th</sup> Floor, Prabhadevi, ON DAILY BASIS for enrollment in CGHIS 2019-20.
2. The Annexure 'H' is to be received from Retiring employee by concerned SM/ DM (Admin) at the time when prospective new retirees are submitting their documents for retirement atleast 3 months in advance with pension papers alongwith Annexure 'G' (Self Declaration Form for availing MTNL CGHIS facility) and Annexure 'A', 'B' & 'F' (alongwith copy of Aadhaar Card or PAN card) in duplicate, to be forwarded for enrollment in CGHIS 2019-20 without any delay, so that the medical facilities can be extended to the retiree without any break.

### Concerned DM (Cash/Works) will do.....

1. Only Original Annexure 'G' form shall be forwarded to concerned DM (Cash/Works) (i.e. last retirement GM unit only) for deduction of Insurance of the premium from OPD limit i.e. an amount of Rs.6,261/- per retiree in case of retiree with spouse and Rs.3,775/- per retiree in case of single retiree/spouse towards their contribution for drawing medical facilities from MTNL. DM (Cash/Works) will forward the original Annexure 'G' duly signed to the concerned SM/ DM/ AM (Admin) for record purpose.

  
वरिष्ठ प्रबंधक (कल्याण/स्पोर्ट्स) 2019.  
Senior Manager (Welfare/Sports)  
महानगर टेलिफोन निगम लि., मुंबई.  
Mahanagar Telephone Nigam Ltd., Mumbai