

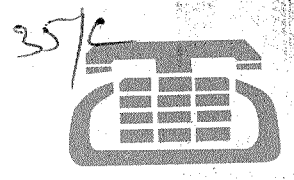
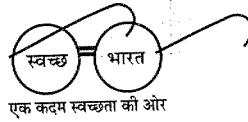
महानगर टेलीफोन निगम लि०

(भारत सरकार का उद्यम)

Mahanagar Telephone Nigam Ltd.

(A Government of India Enterprise)

CIN: L32101DL1986GOI023501



No. MTNL/CO/Pers/ REC-GHIS/2016 /73
Dated: 05.10.2017

CIRCULAR

Sub: Contributory Group Health Insurance Policy for MTNL Retired Employees

As per approval of Competent Authority, it has been decided to renew the **Contributory Group Health Insurance Scheme, for MTNL Retired employees.** The Indoor part of the Scheme will be managed through M/s **United India Insurance Co. Ltd** through the same TPAs as in CGHIS 2016

For availing Indoor treatment, the Retiree or their dependents shall go to the empanelled Hospitals of TPA alongwith valid TPA medical Card without which the cashless treatment may be denied. The list of such hospitals shall be provided separately to each employee by the TPA.

Salient features of the Scheme and documents required to be filled are same as CGHIS 2016 (copy enclosed) as per order dated 7/10/2016 with the following additions/changes:

- 1. Premium Calculation:** As per the registered retirees' lists received from Delhi Unit and Mumbai unit vide mail dated 28/9/2017., the premium calculation and paid to UIIC is as follows:

| | Delhi | Mumbai | Total | Premium Rate (Rs) | Amount (Rs) |
|---------------------------|-------|--------|-------|-------------------|-------------|
| Retiree with Spouse | 14 | 2664 | 2678 | 8944 | 23952032 |
| Retiree /Spouse | 10 | 915 | 925 | 5393 | 4988525 |
| Total | 24 | 3579 | 3603 | | 28940557 |
| corporate floater premium | | | | | 10000000 |
| GST @18% | | | | | 7009300 |
| TOTAL PREMIUM | | | | | 45949857 |

- 2. Corporate Floater may be additionally utilized subject to the following limit, when individual cover is fully exhausted-**

- Retiree and Spouse upto an amount of Rs. 1.5 Lacs with concerned ED's approval and Single surviving/spouse upto an amount of Rs. 1 Lacs with concerned ED's approval. (Total Rs 10 lac for Delhi Unit and Rs 40 Lac for Mumbai Unit for entire group of retirees.)

पंजीकृत एवं निगम कार्यालय : महानगर दूरसंचार सदन, 5वां तल, 9 सी.जी.ओ. कॉम्प्लेक्स, लोधी रोड, नई दिल्ली-110003

फोन कार्यालय : 24319020, फैक्स: 24324243

Regd. & Corporate Office : Mahanagar Doorsanchar Sadan, 5th Floor, 9 CGO Complex, Lodhi Road, New Delhi-110 003 India
Phone Off.: 24319020, Fax : 24324243

आप हमारे साथ हिन्दी में भी पत्राचार कर सकते हैं।

- Beyond the Corporate Floater limit at Unit level, the case may be referred to Director (HR) in Corporate Office, only in very exceptional cases, where the individual insurance cover as well as Corporate Floater limit within the power of ED concerned are exhausted, whereby the case will be considered only as per limits as already mentioned above. (Total Rs 50 Lac for entire group of retirees.)

This Corporate floater is the final amount for this policy.

3. Advance premium

To cover the ongoing process whereby more retirees are going to be registered, advance premium for additional retirees in both the units is deposited with insurance company in CD account created by UIIC in the name of MTNL whereby 1st instalment of Rs. 2,11,07,840/- (including GST @18%) is put from where premium will be released as and when retirees are registered which will be recouped as per requirement.

Delhi and Mumbai Units are given 3 months time from 1.10.2017 for registering the retirees with UIIC under intimation to Corporate Office and issuing NOC of pending CGHS switch-over. Fortnightly statement of the additional retirees registered is to be provided by the units to Corporate Office. If required in between, advance premium will be recouped. However final settlement will be done after 3 months.

The enrolment and claims in respect of additional registered retirees in these three months will be eligible with effect from 1/10/2017.

| | Delhi | Mumbai | Total | Premium Rate | Amount |
|---------------------|-------|--------|-------|--------------|----------|
| Retiree with Spouse | 1000 | 1000 | 2000 | 8944 | 17888000 |
| GST @18% | | | | | 3219840 |
| total | | | | | 21107840 |

4. OPD

- As per the approval of Competent Authority, it has been decided to deduct 50% of the premium from OPD limit i.e. an amount of Rs 4472/- per retiree per policy period in case of retiree with spouse and Rs 2697/- per retiree per policy period in case of single retiree/spouse towards their contribution for drawing medical facilities from MTNL. The said amounts shall be deducted from the OPD limit of the retired employees.
- No OPD payment for 2017-18 may be released for those retirees who have neither applied for NOC for switch over to CGHS nor registered for the CGHS 2017-18 during the next three months. Once registration is done by retiree or concurrence is given for availing neither of the facility i.e. CGHS or CGHS, OPD may be released as per rule.

Both the units shall coordinate with UIIC so that retirees who apply for registration are included in the CGHS 2017-18 promptly. The status of registration may be submitted by

M. Ram


the units to HR unit CO fortnightly. The advance premium will be reconciled as per the final list of registered retirees with CGHIS 2017-18 at the end of three months.

Fresh Hospitalization taking place on or after 01.10.2017 will be covered under the new Scheme. However, any ongoing indoor treatment till the date of discharge, as on 30.09.2017, will remain governed by the existing insurance scheme in MTNL Delhi/Mumbai.

Any further information in this regard may be taken from the concerned GM (Admn) Office in Delhi and Mumbai or from the day time Help Desks provided by UIIC/ the TPA(s) for the benefit of the employees (refer Annexure D).

This issues with the approval of the Competent Authority.

Hindi version follows.


(R.K. Tanwar)
DGM (Pers)

Encl: Annexure A, B, C, D, E, F & G

Copy to:

1. CMD, MTNL- for kind information
2. Director (Tech.)/ (Fin.)/ (HR).
3. CVO, MTNL
4. ED MTNL, CO/Delhi/Mumbai.
5. GM (HR-I), MTNL, CO
6. GM (Admn)/ (Fin), MTNL, Delhi/Mumbai
7. DGM (A/c), MTNL, CO
8. GM (IR), MTNL, Delhi/DGM (IR), MTNL, Mumbai
9. GS, MTNL Mazdoor Sangh, New Delhi/GS, MTN Kamgar Sangh, Mumbai
10. Sh. V.K. Suri, Sr. D.M., M/s United India Insurance Co. Ltd.
11. M/s Paramount TPA for Delhi.
12. M/s Medsave Healthcare (TPA) Ltd. for Mumbai.
13. Office Copy

**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 retd. 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.

| Sl. 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/PPO No. _____ Staff. No. _____

Designation _____ Scale of Pay _____ Basic.Pay _____

Address for Correspondence _____

Signature of the applicant _____



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

(A)

1. Name of the Retired Employee _____
2. P.C. No/PPO 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 filled by Issuing Authority)

10. Details on Medical Card-

| Sl. 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:

Annexure-C

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL INSURANCE SCHEME

ROOM/BED ENTITLEMENTS FOR RETIRED EMPLOYEES OF MTNL-

| Sl. No. | Group | Cadre | Grade/Scale | Room/Bed charges per day |
|---------|-------|--|--------------------------------------|--------------------------|
| 1. | 'A' | CMD & Full Time Directors (on Board) | CMD & Full Time Directors (on Board) | At actual |
| | | (ED/CGM) CVO | E-9+ | 3000 |
| | | (DE/CAO/EE/DGM/ SE /Jt GM/GM/CE) | E5- E9 | 2500 |
| 2. | 'B' | JAO/JTO/AM/Sr.AO/ SDE/Sr SDE/PO/LO/WO/ADET/Prob./Exec. Trainees) | E1-E4 | 2000 |
| 3. | 'C' | (Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TOA(P)/SS/SSS/TTA/LD/TM/PM) | NE 6- NE-11 | 1500 |
| 4. | 'D' | (WA/PEON/Gateman) | NE 1 – NE 5 | 1000 |

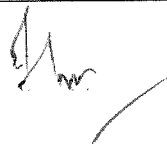
* ICU, ICCU, HDU charges shall be as per actual for all Groups/Cadres/Grade/Scale.

** Any designation not mentioned above will be covered as per Grade/Scale

Samy

Annexure-D

| Insurer | Name/Address | Contact No. |
|-----------------------|--|----------------------------|
| | Mr. V.K. Suri , Sr. Divisional Manager United India Insurance Co. Ltd. Divisional Office-28,5R/5, NIT Faridabad Above Astha Eye Centre Faridabad-121001 | 0129-2412493 8860258077 |
| TPA (Delhi) | M/s Paramount Health Services TPA D-39, Okhla Phase-I New Delhi-110020 | 9313038381 9873555538 |
| Help Desk (Delhi) | Mr. Rati Ram C/o M/s Paramount Health Services TPA | |
| TPA (Mumbai) | M/s Medsave Health Care TPA F-70A, Lado Sarai, Mehrauli New Delhi-110030 | 8595249035 9312880008 |
| Help Desk (Mumbai) | Mr. Vinod C/o Medsave | 9867707356 |



(The detailed Policy may be had from the Help Desk of the TPA)

Exclusions

1. Injury or disease directly or indirectly caused by or arising from or attributable to invasion, act of foreign enemy, war like operations (whether war be declared or not).
2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
3. Cost of spectacles and contact lenses, hearing aids.
4. Dental treatment or surgery of any kind unless requiring hospitalisation.
5. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxication drugs/alcohol.
6. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type-III (HTLB-III) or Lymphadenopathy associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
7. Charges incurred at Hospital or Nursing Home primarily for diagnosis X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalization as defined.
8. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
9. Injury or disease directly or indirectly caused by or contributed to by Nuclear Weapons/Materials.
10. Naturopathy treatment.
11. External and or durable material/non medical equipment of any kind used for diagnosis and or for treatment including CPAP, CAPD, infusion pump etc. Ambulatory devices i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stockings etc., of any kind. Diabetic footwear, Glucometer /Thermometer and similar related items etc, and also any medical equipment, which are subsequently used at home etc.
12. All expenses arising out of any condition directly or indirectly caused to or related to known congenital diseases (internal and external).

Day Care Procedures-

| | | |
|---|--|---|
| Appendectomy | Haemo dialysis | Inguinal/ventral/umbilical/ femoral hernia |
| Coronary angiography | Lithotripsy | Parenteral Chemotherapy |
| Coronary angioplasty | Incision and drainage of abcess | Piles/ Fistula |
| Dental Surgery | Colonoscopy | Prostrate |
| D&C | Radiotherapy | Sinusitis |
| Eye Surgery | Hydrocele | Tonsillectomy |
| Fracture/dislocation excluding hairline fracture | Hysterectomy | Liver aspiration |
| Sclerotherapy | | |

or any other surgeries/procedures agreed by the TPA/MTNL which require less than 24 hrs hospitalisation.

Self Declaration Form for Availing MTNL CGHIS Facility

I Ms/Mrs./Mr. _____ retired from O/o
 _____ MTNL 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 01.10.2017.
2. I give my consent for deducting 50% of CGHIS premium from my OPD claim amount.

OR

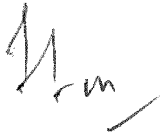
I will deposit 50% of CGHIS premium by cash/cheque.

3. I am not willing to avail CGHIS provided by MTNL for it's retired employees from 01.10.2017.
4. I am not availing CGHIS provided by MTNL for it's retired employees since _____.

My personal details are as follows:-

1. Name _____
2. PC Number/PPO Number _____
3. Date of Retirement _____
4. Scale of Pay at the time of Retirement _____
5. Mobile Number _____
6. E-mail Id _____
7. 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 _____