**ANNEXURE-E**

MTNL WORKING EMPLOYEES GROUP HEALTH INSURANCE SCHEME 2011

APPLICATION FOR REGISTRATION OF EXCLUDED FAMILY MEMBERS

(To be kept by concerned AO (P & A) in original & copy may be kept by AGM concerned)

TO

Area GM/GM(Admn.)/GM(HR)

MTNL

Ref: Office order no .MTNL/CO/Pers/Med.Ins./W.E./2008/09 Dated 15.03.2011

Sir,

1. I am working employee of MTNL and would like to add following excluded family members in the company’s employees Group Health Insurance Scheme.
2. I request that medical coverage be extended in these family members also as named below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.No. | Name of Beneficiaries | Relation | Date of Birth | Affix Photograph |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Note: Individual photographs of persons mentioned above is/are pasted against each name on both the spaces.

I hereby authorize Accounts Officer ( ) to deducted Rs.1515/- per excluded family member,

For above members of person amounting to total Rs. ----------------- ---- from my Salary.

Date:

Signature of the Applicant-----------------------------

Signature of Unit Officer AGM(Admn) AO(P & A/Works/Cash)