

**MAHANAGAR MTNL NIGAM  
LIMITED**  
(A GOVERNMENT OF INDIA ENTERPRISE)

No. MTNL/CO/Pers/Medical/Tendering/Renewal/19-20

Date: 17/07/2020

1125

OFFICE ORDER

Sub: Renewal of Group Health Insurance Scheme for MTNL working employees  
w.e.f. 14.06.2020- Regarding inclusion of excluded members of the family

Ref: Letter No MTNL/CO/Pers/Medical/Renewal/19-20/165 dated 20.06.2020

In continuation of this office letter dated 26/06/2019 regarding inclusion of excluded members of family in Group Health Insurance Scheme for MTNL Working employees, it is intimated that the same instructions are applicable during the current policy renewed w.e.f. 14.06.2020 to 13.06.2021 also. The amount to be deducted per excluded member of the family for the policy shall be Rs.3666/- (Rs.Three thousand six hundred and sixty six only).

GM (Admn.) MTNL Delhi/Mumbai Units are requested to give a complete count of 'excluded members' enrolled in the scheme during previous year policies & policy ended on 13/06/2020 and the amount deducted on this account please positively by 31/08/2020.

This issues with the approval of Competent Authority.

*[Signature]*  
17/7/2020  
(Shama Kaushik)  
DGM(HR)

Copy to:

1. CMD, MTNL: for kind information
2. Dir(HR)/Dir(F)/Dir(T), MTNL
3. CVO, MTNL
4. ED, Delhi/Mumbai/CGM(WS)
5. PGM(HR), MTNL C.O.
6. GM(Admn), MTNL Delhi/Mumbai: for compliance pl.
7. GM(Finance), MTNL Delhi/Mumbai/CO: for n/a pl.
8. DGM(IR), MTNL Delhi/DGM (IR), MTNL Mumbai: for immediate n/a pl.
9. General Secretary, MTNL Mazdoor Sangh Delhi
10. General Secretary, MTN Kamgar Sangh, Mumbai.

057061

Corporate Office: 5th Floor, MTNL Building, CGO Complex, Lodi Road, New Delhi- 110003.

GM(A)  
*[Signature]*  
18/07/2020  
SATOED

*[Signature]*  
20/7/2020  
DGM(HR)

798

486-AMC  
20/7

*[Signature]*  
23/7/2020  
SDE(MR)

13/c-1

**MTNL Working Employees Group Health Insurance Scheme 2020.**  
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: Letter No MTNL/CO/Pers/Medical/tendering Renewal/19-20/ dated 20.06.2020.

Sir/Madam.

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

Sl No	Name of beneficiaries.	Relation	Date of Birth	Affix photograph

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

I hereby authorize Accounts Officer( ) to deduct Rs 3666/- per excluded family member, for above..... number of persons amounting to total Rs .....from my salary.

Date.....

Signature of applicant.....

Controlling Officer

AGM(Admn)

AO(P&A/Works/Cash)

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