

**महानगर टेलीफोन निगम लि०**

(भारत सरकार का उद्यम)

**Mahanagar Telephone Nigam Ltd.**

(A Government of India Enterprise)

CIN: L32101DL1986GOI023501



MTNL/CO/Pers/ REC-GHIS/2016 11344

Dated: 7.10.2016

### CIRCULAR

#### **Sub: Contributory Group Health Insurance Policy for MTNL Retired Employees, 2016**

As per approval of Competent Authority, it has been decided to relaunch the **Contributory Group Health Insurance Scheme, 2016 for MTNL Retired employees**. The Indoor part of the Scheme will be managed through an Insurance Policy which will be served by **M/s United India Insurance Co. Ltd** through the following two different TPA's one each in Delhi and Mumbai (details in Annexure-D)

For Delhi-

1. M/s Paramount Health Services (TPA) Pvt. Ltd.

For Mumbai-

1. M/s Medsave TPA

TPA will be nominated initially for 3 months from the start of the policy and their performance will be observed. Further extension to the TPA will be based on performance report from units. Performance review will be done after two and half months from the start of the policy.

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.

**The Scheme shall take effect from 01.10.2016 for a period of two years.**

Salient features of the Scheme are as below:

1. **Coverage from day one of operation of the Scheme.**
2. **All Pre-existing diseases shall be covered.**
3. **Exclusions as per Insurance Policy (refer Annexure-E).**
4. **Day Care Procedures as per insurance policy (refer Annexure-E).**
5. **Coverage for indoor treatment :**
  - a. For Retiree with spouse **upto Rs. 1.5 Lacs on Family Floater basis.**
  - b. For Single Retiree/ spouse **upto Rs. 1.0 Lacs on Family Floater basis**
  - c. **Corporate Floater** may be additionally utilized by the Retd. Employee/Dependents, subject to maximum two times of sum insured, when individual cover as mentioned above is exhausted-
    - For Retd. Employee and his/her dependents upto an amount equal to **sum insured** with concerned ED's approval.
    - For Retd. Employee and his/her dependents upto an amount equal to **sum insured** with the approval of Director (HR) MTNL beyond the concerned ED's approval.
    - Details of utilization of Corporate Floater shall be maintained by O/o respective EDs and at Corporate Office, respective section of HR shall maintain the details.
6. **The Scheme will be contributory in nature, as the Employee/Spouse shall pay 25% of Bed Charges as per their entitlement (refer Annexure-C), for indoor treatment.**

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।

**7. Procedure for claim: (To be submitted to Help Desk of TPA)**

- a. Cashless treatment can be availed in the Hospitals on the panel of TPA's.
- b. Where cashless treatment is not possible, reimbursement shall be given by TPA to the extent of Insurance Cover subject to prior intimation to TPA/MTNL Office.
- c. Reimbursable amount shall be remitted by cheque or through ECS.
- d. Amount can also be credited directly to the bank account of the employee where his/her pension is credited, at the option of the employee.

The scheme will be operated from the Office of GM (Admn)HQ, MTNL Delhi/Mumbai Unit.

**Documents to be submitted by Retd. employee:**

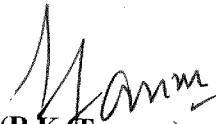
1. For availing the indoor medical facilities under this Scheme **it is mandatory for the retired employee/dependents to register themselves by applying in the prescribed proforma to the concerned GM(Admn), at HQ in Delhi and Mumbai.**
2. **For the purpose, Annexure 'A', 'B', 'F' & 'G' are to be filled and submitted without any delay (maximum within one month of launch of the Scheme).**
3. Thereafter, new Medical Identity Cards will be issued to the beneficiaries by the TPA. It shall be the sole responsibility of the concerned retiree to get the TPA Medical Card issued to him/her after completing the formalities mentioned above. No indoor treatment shall be provided without a valid TPA medical card. In case of any eventuality, the onus shall lie solely with the concerned retiree and MTNL shall not take any responsibility in case the medical facility is denied to concerned retiree due to non-registration in the scheme.

**Fresh Hospitalization taking place on or after 01.10.2016 will be covered under the new Scheme. However, any ongoing indoor treatment till the date of discharge, as on 30.09.2016, will remain governed by the existing insurance scheme in MTNL Delhi/Mumbai.**

Any further information in this regard may be had from the concerned GM (Admn) Office in Delhi and Mumbai or from the day time Help Desks provided by 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 (HR)

**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 ret'd. 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		

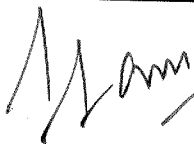
Note: Please enclose two passport size photographs of each member specified in above.

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 \_\_\_\_\_ 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. \_\_\_\_\_ 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)

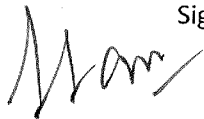
10. Details on Medical Card-

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 MEDICAL INSURANCE SCHEME-  
2012**

**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



**Annexure-D**

Insurer	Name/Address	Contact No.
	<b>Mr. V.K. Suri</b> , 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



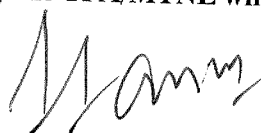
**Exclusions**

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.



CERTIFICATION/DECLARATION

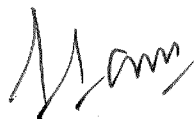
(Tick mark whichever is applicable)

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:



## **Self Declaration Form for Availing MTNL CGHIS Facility**

(For MTNL Retirees not drawing Govt. Pension)

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 01.10.2016.
2. I agree to deduct 50% of CGHIS premium from my OPD claim amount.

**OR**

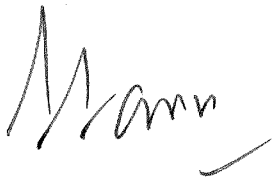
I will deposit 50% of CGHIS premium by cash/cheque.

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 \_\_\_\_\_
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 \_\_\_\_\_