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MAHANAGAR TELEPHONE NIGAM LIMITED
CORPORATE OFFICE
6TH FLOOR, MDS SADAN, 9, CGO COMPLEX, LODHI ROAD, NEW DELHI-03
No. MTNL/CO/Pers/Renewal/Tendering/WE-GHIS/2014-15/Part 1205
Date: 07/04/2015

OFFICE ORDER

Sub: Group Health Insurance Scheme for MTNL working employees launched w.e.f. 10.03.2015- Regarding inclusion of excluded members of the family

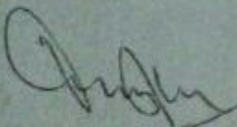
Ref: Letter No. MTNL/CO/Pers/Renewal/Tendering/WE-GHIS/2013 dated 03/04/2014

In continuation of this office letter of even no. dated 03/04/2014 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 launched w.e.f. 10.03.2015 to 09.06.2015 also. However, the amount to be deducted per excluded member of the family for three months shall be Rs.521/- (Rs. Five hundred twenty one only). Other terms and conditions of our office order dated 03.04.2014 shall remain the same.

New enrollment of excluded members, if any, shall be allowed upto 30/04/2015 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 09/03/2015 and the amount deducted on this account please positively by 30/05/2015.

This issues with the approval of Competent Authority.


(R.C. Meena)
Sr. Manager (HR-Medical)

Encl: As above

Copy to:

1. CMD, MTNL: for kind information 74-15
2. Dir(HR)/Dir(F)/Dir(T), MTNL
3. CVO, MTNL M 7/4/15
4. ED, Delhi/Mumbai/CGM(WS) S 7/4/15
5. GM(HR), MTNL C.O. 7/4/15
6. GM(Admn), MTNL Delhi/Mumbai: for compliance pl.
7. GM(Finance), MTNL Delhi/Mumbai: for n/a pl.
8. Addl.GM(IR), MTNL Delhi/DGM (IR), MTNL Mumbai: for immediate n/a pl.

9. DGM (C&T) 8-4-15

**REGISTERED OFFICE: 5TH FLOOR, MDS SADAN, 9, CGO COMPLEX, LODHI ROAD,
NEW DELHI -110003**

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 ACM concerned)

To: AGM/GM (Admin)/GM (HR)
 MTNL

Ref: Office Order No. MTNL/CO/Pers/Med. Ins./W.E./2008/90 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 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. 1515/- per excluded family member, for above _____ number of persons amounting to total Rs. _____ from my salary.

Date: _____

Signature of the applicant _____

Controlling Officer
 (P & A)

AGM (Admin)

AO(P & A/ Works/Cash)