Annexure-A

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME-2008

APPLICATION FOR REGISTRATION

(To be filled in duplicate)

GM (Admn)
MTNL

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Sir,

1. I have retired from the services of MTNL after attaining the age of superannuation on____________ and would like to join the Company's Retired Employees Contributory Medical Scheme with effect from ____________
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		

1. Reimbursement of Indoor claims (if any) submitted from time to time may please be deposited in my bank account No. ________________________________with ____________________________ Bank, New Delhi as admitted / through cheque drawn in my name / through ECS. (Photocopy of first page of bank passbook/ bank statement/cancelled cheque is attached with)
2. I undertake to notify to the company any change in the above particulars as soon as it occurs.
3. I (Retiree/Spouse) understand that the company reserves the right to refuse the membership to any retired employee or terminate the same at any time, by giving one month's notice formally to individual retiree/spouse 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

(Self)____(Spouse)________________________________

Name : (Self)____________________________________(Spouse)______________________________

Phone No. Res : ______________________________Mobile____________________________________

Emp. No. ____________________________ PPO No. ____________________PC No.______________

Designation at the time of Retirement ____

Pay Scale at the time of Retirement ____

B. Pay at the time of Retirement____

Address for Correspondence ____

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Signature of the applicant______________________

Verified by : AO (Pension)__________________ Forwarded to TPA :AGM (Admn)____________

Annexure-B

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME-2008

CERTIFICATION/DECLARATION
(Tick mark whichever is applicable)

1. Certified that I have not been re-employed on full-time basis elsewhere or I am not availing any other medical cover in consequence of employment of my spouse, or any type of medical facility or allowance from any other source.

2. Certified that my spouse is not employed.

3. Certified that my spouse, Mr/Mrs ______________________________ is employed with ______________________________ but he/she is not availing any medical facility nor drawing any medical allowance from his/her employer. (A certificate of his /her employer to that effect is enclosed).

Date:

Place:

Signature:

Name:

Address:

Phone No:

Mobile No: