<table>
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1. Medical Policy for BSNL Employees

BSNL EMPLOYEES MEDICAL REIMBURSEMENT SCHEME (BSMRS)

1.0 Commencement and scope:

This scheme comes into force from 24th February, 2003.

1.1 Interpretation:

Management shall be the sole authority for the interpretation of all or any of the provisions of this scheme and its decision thereon shall be final and binding on all.

1.2 Alteration / relaxation of the provisions under this scheme:

The management shall at any time be entitled to replace, alter, amend or/and add to this scheme. The management shall have full authority to consider relaxation of the scheme on case to case basis on merits.

1.4.1 Definitions:

i) Board means Board of Directors of the Company.


iii) “Dependant” means and includes members of family as defined under Civil Service (Medical Attendance) Rules as amended by the Central Government from time to time.

iv) “Employee” means any person employed by the company.

v) “Management” means the Board of Directors of the Company, Managing Director or any other officer of the company nominated by the Board for this purpose.

vi) “Scheme” means BSNL employees “Medical Reimbursement Scheme”.

vii) “Salary” means Basic pay and Dearness Allowance.

viii) **“Pension” means basic pension and dearness allowance.

ix) “Retired Employee” means an employee who has retired on superannuation while serving in BSNL, or served on deemed deputation to BSNL.

1.5 Eligibility:

All serving and retired employees of BSNL including deputationists will be eligible for this scheme. However, the employees in order to avail of this scheme have to opt for this scheme whereby they will not be allowed the facility under CGHS Scheme. The employees opting for this scheme, can avail of Domiciliary treatment either from P & T dispensaries or from any Registered Medical Practitioners (RMPs) depending on their option to be exercised while registering for this scheme. The employees opting for this scheme will be eligible for Indoor treatment as per this scheme.

1.6 Taxability:
All medical benefits will be subject to Income Tax rules as applicable from time to time.

2.0 **Benefits under BSMRS Scheme**

2.1.0 **Outdoor / domiciliary treatment from RMPs : Reimbursement against Vouchers**

The employee and his dependants shall be entitled to the reimbursement of actual expenses not exceeding the limits prescribed under this scheme incurred for domiciliary treatment and medical attendance by any Registered Medical Practitioner, including cost of medicines, appliances, diagnostic & pathological tests. The treatment would include treatment for immunizing and prophylactic purposes also. The registered medical practitioner can be of any branch of health care e.g. Allopathic, Homeopathic, Ayurvedic, Naturopathy, Yogic etc. The total annual limit for reimbursement of expenses for such treatment (including that under 2.2.0 excepting hospitalization) for self and dependant family members would be one month salary (i.e. Basic + DA) The annual limit will be fixed for a financial year and salary for the first month of the Financial year will be considered. For the retired employee this will be limited to last month’s salary drawn before retirement (Basic + DA) per annum.

2.1.1 **Outdoor / Domiciliary treatment : Entitlement without voucher**

Alternatively, 50% of the admissible amount (as mentioned in para 2.1.0 above, i.e. one month’s basic + DA) will be paid to the working employees without production of any vouchers. Such payment limited to 50% of one month’s salary will be paid in four equal installments at the end of each quarter. This amount would be taxable. Similar facility for payment without voucher will be available to the retired employees also.

2.1.2 **Outdoor / Domiciliary treatment from P&T dispensaries**

The employees (including retired employees), and their dependants shall have the option to get their outdoor/domiciliary treatment from P&T dispensaries. The option, once exercised, cannot be changed in favour of domiciliary treatment from any RMP. The beneficiaries shall be entitled to get the reimbursement of cost of such medicines as prescribed by P&T dispensaries and not available there. Similarly, cost of diagnostic and pathological tests as prescribed by the P&T dispensaries shall also be reimbursed to the beneficiaries. Unlike the case of outdoor/domiciliary treatment from RMPs (as per para 2.1.0), there shall be no upper limit on the amount of reimbursement on such accounts.

2.2.0 **Treatment in recognized hospitals / nursing homes etc.**

An employee (including retired employee) and his/her dependants shall be entitled to the reimbursement of expenses at the approved rates at all hospitals recognized from time to time by the management. Till such time as approved rates in recognized hospitals are not notified by BSNL management, the reimbursement will be as per actual expenses basis. Entitlement under this clause will be separate and distinct from the ceiling amount prescribed in para 2.1.0 and 2.1.1 under
domiciliary / out door treatment. All expenditure incurred in connection with the
treatment will be reimbursable subject to a limit on the room rent which will be as
per Annexure-I.

2.2.1 **List of recognized hospitals/nursing homes etc. :**

List of recognized hospitals / nursing homes will be notified by the management
form time to time. For Delhi this will be done by BSNL C.O. The CGMs of
territorial circles in consultation with BSNL C.O. will notify list of recognized
hospitals / nursing homes in places under their jurisdiction. Employees of Project
/ Maintenance / T&D/Q.A. circles etc. will follow lists so prepared by the
territorial circles. Until such lists are prepared and notified, all hospitals
recognized under CGHS and CS(MA) rules or by state governments will be
deemed to have been recognized for the purpose of this scheme. List of such
hospitals etc. will be notified by BSNL C.O. / all CGMs of territorial circles
immediately on commencement of this scheme by suitable administrative order.

2.2.2 **Treatment in non-recognised hospitals :**

In emergency cases, the reimbursement will be allowed for treatment in non-
recognised hospital with the approval of CGM for field office employees and
concerned Director of BSNL Board for C.O. employees. The amount will be
restricted to rates applicable for a particular recognized hospital to be notified by
CGM/BSNL C.O.

2.2.3 **Advance for medical treatment in hospital :**

Working Employees may be allowed advance towards expenses on
hospitalization where long duration treatment or major operation becomes
necessary. Advance shall be paid to the employees, based on estimates to be
obtained from the hospitals as per CGHS scheme of Central Government.

3.0 **Procedure for reimbursement of claim :**

All claims for reimbursement of medical expenses shall be made in prescribed
proforma supported by necessary bills, vouchers, certificates and prescriptions
etc. and shall be subject to the procedure laid down by the management from
time to time.

4.0 **Direct Payment to the Hospitals :**

Arrangement will be made with the recognized Hospital so that individual
employees (including retired employees) does not require to make any payment to
the hospitals for their treatment. Instead, on proper establishment of their identity,
they will be provided all necessary indoor treatment by the recognized Hospitals
at approved rates and Bhill will be forwarded to BSNL for releasing the payment.
Till such arrangement is made, payment will be made as per Para 2.2.0.
# ANNEXURE-I

## Entitlement of Room/Bed for Indoor Treatment

<table>
<thead>
<tr>
<th>S.No.</th>
<th>EMPLOYEES GROUP*</th>
<th>ELIGIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Group D</td>
<td>General Ward</td>
</tr>
<tr>
<td>2.</td>
<td>Group C</td>
<td>Semi-Pvt. Ward</td>
</tr>
<tr>
<td>4.</td>
<td>Grp A JAG and above</td>
<td>Pvt. Ward with A.C.</td>
</tr>
<tr>
<td>5.</td>
<td>CMD &amp; Board Directors (Full Time)</td>
<td>Delux room with A.C.</td>
</tr>
</tbody>
</table>
BSNL Employees Medical Reimbursement Scheme – Instructions for operation of the scheme.

1. The abbreviated form of the scheme is known as ‘BSNLMRS’ in place of ‘BSMRS’.
2. All serving and retired employees of BSNL is required to exercise their option for either CGHS or BSNLMRS by filling up the prescribed proforma appended at ‘Annexure A’. Option, once exercised, can not be changed. It may be noted in this connection that CGHS facility which is, in general, not available for PSU employees, has been extended to BSNL employees who have come en masse on deputation from DOT as a special case. The continuance of this facility is entirely under discretion of the Ministry of Health, and can not be guaranteed by BSNL Management. However, in case the CGHS facility is subsequently withdrawn by the Ministry of Health, the optees of CGHS will automatically have to switch over to BSNLMRS.
3. All serving and retired employees, who opt for BSNLMRS as per para 2 above, are required to fill up a ‘Registration Form’ for ‘BSNLMRS’ as appended at ‘Annexure B’. While registering for this scheme, the option regarding outdoor treatment, viz. entitlement with voucher/without voucher/treatment from P&T dispensary has to be exercised. Suitable Registration No. and Card will be issued to all the beneficiaries under BSNLMRS.
4. All serving and retired employees registered under BSNLMRS must present their claim for reimbursement of Medical Expenses in the prescribed format which is appended herewith at ‘Annexure C’ (for outdoor/domiciliary treatment) and ‘Annexure D’ (for Indoor treatment involving hospitalization). It may be noted that claim for outdoor treatment can be availed only under one of the three options mentioned at paras 2.1.0, 2.1.1 & 2.1.2 of the ‘BSNLMRS’. These options are also indicated in the Registration Form. Blank forms will be made available by concerned sections of BSNL. The option regarding mode of outdoor treatment once exercised cannot be changed during the financial year.
5. The Claim Form shall be supported by the copies of prescriptions alongwith original vouchers (in duplicate) towards the expenses incurred.
6. The Claim Form along with supporting documents shall be submitted to the sections dealing with Medical Claim. The competent authority for passing the claims in the field units may be fixed up by the CGM concerned. In the Corporate Office, Sr.DDG(Pers) will be the competent authority.
7. A register (preferably computerized) showing the employee-wise detail of claim will be maintained by the section handling such claims. In case of transfer of an employee, the amount claimed towards medical-reimbursement and the balance of
entitlement as on date of transfer will be communicated to the new office through LPC.

8. The claim papers duly checked and passed shall be sent to Accounts Branch for payment.

9. Claim for outdoor treatment may be preferred once in a month.

10. List of recognized hospitals shall be notified immediately by all the Heads of Territorial Circles, as outlined in the BSNLMRS, taking into consideration the infrastructure available, quality of service, standard rate of various treatments vis-à-vis the CGHS approved rates etc. The guidelines for this purpose have already been issued vide this office letter of even No. dated 27.2.2002. A further detailed guideline for empanelling of hospitals is enclosed (Annexure-G).

11. As per para 2.2.3 of BSNLMRS, working employees may be allowed advance towards expenses on hospitalization where long duration treatment or major operation becomes necessary. A Performa for ‘Application for Medical Advance’ is appended at ‘Annexure E’.

12. As per para 2.2.2 of BSNLMRS, the reimbursement will be allowed for treatment in non-recognized hospitals in emergency cases with the approval of CGM for field office employee and concerned Director for C.O. employees. The amount of reimbursement will be restricted to the CGHS rates applicable at Delhi.

13. As per para 4.0 of BSNLMRS, the facility for Direct payment to the Hospitals by the company (i.e. BSNL) has to be arranged. All CGMs of Territorial Circles may make suitable arrangement with approved hospitals accordingly and notify to their employees & C.O. In C.O. this is presently being negotiated with approved hospitals.

14. An Employee should intimate regarding his/her serious illness needing hospitalization to the sections dealing with Medical Policy implementation. A letter of authorization shall be issued to the hospital concerned so that necessary help is extended by the hospital. A sample of such authorization letter is at Annexure-F.

15. All claims for reimbursement should be submitted latest by six months from the completion of the treatment. Claims submitted beyond this period are liable to be rejected.

16. The existing arrangement of AMA is discontinued henceforth.

17. In case of any doubt regarding any provision of the BSNLMRS, the matter can be referred to Corporate Office for clarification.

18. In case the spouse of any BSNL employee is employed in any other organization, and the BSNL employee concerned wants to avail of BSNLMRS facility for his/her spouse of other dependent family members, a certificate has to be
submitted by the spouse regarding non-availing of any medical facility for self/family from his/her organization.

19. Any misuse of the BSNLMRS facility would attract stringent action against employee(s) under the CCS(CCA) Rules or the rules notified by BSNL from time to time.

20. CGMs in circle office are their own controlling officer for the purpose of BSNLMRS.

21. The retired employees have the option to choose the Circle/SSA of their choice for availing the facility under BSNLMRS. Any change in the Circle/SSA subsequently will be changed on a request from the retired employee by this office.

ANNEXURE – A

MEDICAL FACILITY FOR BSNL EMPLOYEES
OPTION FORM

1. Name of Employee:

2. Designation:

3. Place of Posting:

4. Options for availing Medical Policy:
   i) CGHS
   ii) BSNLMRS

5. Details of CGHS Card, if any
   i) CGHS Card No.:

I, do, hereby certify that I have gone through the notification of BSNL Medical Reimbursement Scheme and am exercising my option after satisfying myself about various provisions under BSNLMRS.

(Signature of Employee)
ANNEXURE - B

BHARAT SANCHAR NIGAM LTD.

BSNL EMPLOYEES MEDICAL REIMBURSEMENT SCHEME
REGISTRATION FORM

1. Name of Employee:     2.   Designation:
3. Place of posting:  4.   Staff No.:  5.   Basic Pay:
6. Telephone: (Office)-------------------  (Residence) -----------------------
7. Details of Family Members:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship with employee</th>
<th>Blood Group (If available)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

8. Details of chronic disease, if any:
a)---------------------
b)---------------------
c)---------------------
d)---------------------

9. Options for outdoor treatment (under BSNLMRS):
   (tick any one of i), ii) or iii) )
   i) Outdoor/Domiciliary treatment from RMPs: Reimbursement against vouchers (as per Para 2.1.0).
   ii) Outdoor/Domiciliary treatment: Entitlement without voucher(as per para 2.1.1)
   iii) Outdoor/Domiciliary treatment from P&T Dispensaries (as per Para 2.1.2)

Declaration:

I hereby declare that above mentioned members of my family are fully dependent on me i.e. their income from all sources does not exceed Rs. 1500/- per month. If the above information is found to be false at any time, company can take action against me as per rules or as deemed fit.

(Signature of Employee)

FOR OFFICE USE ONLY

REIGSTRATION NO. ISSUED----------------------
CARD ISSUED : YES/NO on ----------------------
(Date of issue)

Signature of Issuing Authority
ANNEXURE - C

MEDICAL REIMBURSEMENT CLAIM FORM FOR OUTDOOR TREATMENT

1. Name of Employee:  
2. Designation:  
3. Reg. No.:  
4. Salary (Basic Pay + DA)/Pension (as on 01-04--------):  
5. Place of Duty:  
6. Name of Patient:  
7. Relationship with Employee:  
8. Age:  
9. Reimbursement claimed under:  
   (Tick relevant box)  
   • Treatment from RMP (as per Para 2.1.0)  
   • Treatment from P&T Dispensary (as per Para 2.1.2)  

10. Nature of illness:  
11. Name of Doctor/Hospital:  
12. Details of claim:  
   (attach prescription, vouchers, etc. in duplicate)  


<table>
<thead>
<tr>
<th>Voucher No.</th>
<th>Amount</th>
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</thead>
<tbody>
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_______  
Total:  
(Rupees--__________________________)  

Declaration:

I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for which medical expenses are incurred is wholly dependent on me.

(Signature of Employee)
### ANNEXURE – D

**MEDICAL REIMBURSEMENT CLAIM FORM FOR INDOOR TREATMENT**

1. Name of Employee:
2. Designation:
3. Reg. No.:
4. Salary (Basic Pay + DA)/Pension (as on 01-04--------):
5. Place of Duty:
6. Name of Patient:
7. Relationship with Employee:
8. Age:
9. Nature of illness:
10. Name of Doctor/Hospital:
11. Period of treatment: From ----------- To-------------
   (Certificate issued by the Medical Officer in-charge of the hospital as per enclosed proforma is to be attached)
12. Details of claim:
   (attach prescription, vouchers, etc. in duplicate)

<table>
<thead>
<tr>
<th>Voucher No.</th>
<th>Amount</th>
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<td></td>
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<tr>
<td>Consultation:</td>
<td></td>
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<tr>
<td>Diagnostics/Tests:</td>
<td></td>
</tr>
<tr>
<td>Medicines/Injections:</td>
<td></td>
</tr>
<tr>
<td>Appliances:</td>
<td></td>
</tr>
<tr>
<td>Room Rent:</td>
<td></td>
</tr>
<tr>
<td>Charges for Nurses:</td>
<td></td>
</tr>
<tr>
<td>Others:</td>
<td></td>
</tr>
</tbody>
</table>

Total: ________________________________
(Rupees------------------------------------------------------------------------)

**Declaration:**
I, hereby declare that the statements given in application are true to the best of my knowledge and belief and that the person for which medical expenses are incurred is fully dependent on me.

(Signature of Employee)
CERTIFICATE FOR HOSPITALIZATION

(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mrs./Mr./Miss ______________________ , husband /wife /son /daughter /mother /father of Mrs/Mr  ______________________________ employed in the office of ______________________________ , BSNL.

PART `A'

I, Dr. ______________________________ hereby certify:

(a) that the patient was admitted to hospital on ______________________.

(b) that the patient has been under treatment at ______________________ and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient.

(c) that the patient is/was suffering from ______________________ and is/was under treatment from ______________________ to ______________________.

(d) that the X-ray, laboratory tests, etc. for which an expenditure of Rs. ______________________ was incurred were necessary and were undertaken on my advice at ______________________ (name of hospital or laboratory);

Signature and Designation of the Medical Officer In-charge of the case at the hospital
BHARAT SANCHAR NIGAM LTD.
APPLICATION FORM FOR MEDICAL ADVANCE

1. Name of Patient
2. Relationship with Employee:
3. Age:
4. Name of Disease (for which hospitalization is required):
5. Name of Hospital:
6. Name of Employee:
7. Designation:
8. Salary (Basic + DA)/Pension:
9. Basic Pay:
10. Estimated cost of treatment
    (Enclose original copy of hospital’s estimate)
11. Amount of Advance required for treatment:

Signature:
Designation:
Section:
Tel. No.:

----------
AUTHORISATION LETTER FOR TREATMENT IN HOSPITAL

This is to certify that Sh./Smt.-----------------------------------------------(Name of the patient), Age---------------- is the Husband/Wife/Son/Daughter/Mother/Father of Sh./Smt.----------------, an employee of BSNL. He/She may be admitted in (Hospital’s Name) --------------------------------------as per his/her room entitlement, i.e. -----------------------------.

He/She may be charged as per agreed rates with BSNL.
Bills as per agreed rates may be sent to this office for payment.

(Signature of the Competent Authority)
ANNEXURE – G

RELEVANT INFORMATION FOR PROCESSING CASE FOR
EMPANELMENT OF HOSPITALS

1. Name of the Hospital
   a) Whether the hospital is recognized by the State Government for treatment of its employees and if so, a copy of the order thereof.

2. Location/Address of the hospital
   - Map of the city/town showing the exact location of the hospital to be attached.

3. (i) Name (s) of Government hospital (s)/recognized hospital (s) (within a radius of 4 Kms.).
   (ii) Clinical facilities available in the above hospitals.

4. Strength of BSNL employees and their family members likely to be benefited.

5. INDOOR FACILITIES.
   i) No. of beds in the hospital – specialty-wise.
   ii) General Wards
       - Number
       - Size
       - No. of beds in each ward
       - Amenities provided
       - Rates
   iii) Semi private Wards
        - Number
        - Size
        - Rates
   iv) Private Wards
       - Number
       - Size
       - No. of beds in each ward
       - Amenities provided
       - Rates
   v) Operation Theatres
       - Number
       - Size
       - Equipments
       - Rates
   vi) Diagnostic Facilities
vi) Details of the Blood bank

viii) ICU & ICCU Facilities

6. **EMERGENCY AND TRAUMA SERVICES**
i) No. of Ambulances available
ii) No. of doctors available with particular reference to Emergency and Trauma Services

7. **SPECIALISED SERVICES**
i) Nature of Specialised Services
ii) Name of specialists with qualifications and field of specialisation
ii) Facilities of clinical investigations

8. Facilities for Family Planning Services

9. **DOCTORS**
i) List of doctors available and their bio-date.
ii) Terms and conditions of the employment of doctors with particular reference to
   - Pay
   - Duration of the appointment whether part time or full time
iii) Private practice whether allowed or not
iv) The names of hospitals or clinical centers the said doctors are associated with

10. **PARA – MEDICAL STAFF**
Conditions of employment of para-medical personnel
- Whole time/part time
- Pay
- Duration for which appointed

11. Average O.P.D. attendance during last one year.

12. Schedule of charges (Schedule of charges of nearby Govt. hospitals and one nearby recognized hospital are to be furnished for comparison purpose).

13. Particulars of casualty services in the hospital

14. Percentage of free treatment in OPD and also reserved beds for poor patients.

15. Inventory of equipments

17.  
   i) Doctors-patients ratio  
   ii) Doctors-nurses ratio  
   iii) Nurses-patients ratio  
   iv) Bed occupancy rate at present.

18.  
   i) Types of operations carried out and their number, speciality-wise during last one year.  
   ii) Isolation Ward/bed for communicable diseases like Diphtheria, Cholera, Measles, Chicken Pox, Tuberculosis, Tetanus, Polio etc.

19. Apart from the clinical amenities, availability of other amenities like the size of the rooms, no. of beds in each room, no. of toilets available to each room, provision for electrical amenities like fans/ACs/Coolers (in Private/Semi-Private & General Wards)/lifts in the building etc.

20.  
   i) Annual Budget.  
   ii) Kind of drugs being stored.  
   iii) Man-power.

***************
Discontinuance of medical facilities to BSNL employees from P&T dispensary.

Department of Posts has discontinued medical facility through P&T dispensary, being availed by serving/retired employees of BSNL, w.e.f. 01-01-2004.

Empanelment of hospitals by CGMs of Territorial Circles within their jurisdiction:

CGMs may empanel the hospitals subject to the condition that the rates of the indoor treatment applicable to BSNL shall be limited to the CGHS rates for that particular city or any city of concerned circle. In absence of CGHS rates approved for any city in circle, it shall be limited to CGHS rates applicable at Delhi. For hospitals requiring higher rates than the CGHS rates, the case for approval of empanelment may be sent to Corporate Office with specific recommendations of CGM concerned depending on the merits. Hospital shall not be recognized for indoor treatment till the rates for indoor treatment in that particular hospital are not approved.
2. **Guidelines for the implementation of BSNL MRS**

**BSNL Medical Reimbursement Scheme – Guideline for the reimbursement of cost of appliances.**

Cost of appliances is reimbursable within the annual limit of outdoor treatment i.e. one months salary, as per Para 2.1.0 of BSNLMRS. Appliances covered under CGHS Rules shall only be considered for the reimbursement within the limit of outdoor treatment.

**BSNLMRS – Amendments/Clarifications regarding**

The following amendments/Clarifications in BSNL MRS are issued.

1. **Eligibility of employees taking voluntary retirements:**

   Employees who have taken voluntary retirement from BSNL shall be treated at par with the retired employees, as defined in Clause 1.4 (ix) of BSNL MRS, for taking benefit under BSNL MRS.

2. **Waiver of outdoor treatment limit for specified chronic diseases:**

   Limit of expenditure on outdoor treatment has been fixed as one month’s salary i.e., Basic + DA. In case of chronic diseases as listed below, Circle heads are hereby, empowered to waive of this limit in deserving cases.

   **List of chronic diseases**
   
   i. Cancer
   ii. Renal failure
   iii. Poliomyelitis, Cerebral Palsy & Spastics
   iv. T.B.
   v. Thalassaemia Major

3. **Treatment from hospitals outside the jurisdiction of the circle:**

   i) In general, employee and his/her dependant family members shall be allowed to take indoor treatment at hospitals as applicable for his/her place of posting and as applicable for the place of residence of his/her family.
   
   ii) Taking indoor treatment in any hospitals other than those as above, shall be permissible only for taking specialized treatment, for which a certificate from the
local hospital stating that such facility is not available in the place of posting or the headquarter of the employee or the place of residence to the family, as the case may be.

**BSNL MRS – Guidelines for implementation and monitoring**

The following guidelines are issued to monitor and control the expenditure under BSNL MRS.

1. **Guidelines to monitor the expenditure on indoor treatment:**

   i) In case the cumulative expenditure in any financial year claimed for reimbursement under indoor treatment is more than two months basic pay + DA of the employee concerned, the reimbursement shall have to be approved by the respective CGM.

   ii) In case it exceeds five times of the Basic Pay + DA of the employee, the approval of the Corporate Office shall be needed before making the reimbursement.
2. **Guidelines to monitor overall expenditure**

i) All the Circles shall submit a quarterly report indicating the expenditure during the quarter as per proforma given in Annexure I. The report shall positively be sent to Jt. DDG (Admn.) in BSNL Corporate Office by 15\textsuperscript{th} July/October/January/April.

ii) Expenditure per employee for all SSAs within a Circle may be monitored at the Circle level. A team from the circle office may check the procedure for sanction of Medical expenses in respect of 15\% of the constituent units subject to a minimum of one unit, whose average expenditure per employee is the highest in the Circle. This exercise must be done at least once a year and a detailed report indicating misuse, if any detected, along with corrective action and suggestion for improvement may be sent to Corporate Office, positively before end of 1\textsuperscript{st} quarter of the financial year.

iii) Each month, SSA Head should get 1\% of the paid bills (subject to min. of 5 & max. of 10) with the highest expenditure in respect of indoor treatment specially checked and send a detailed report of such checking to the Circle Office. Similarly, action may also be taken for 1\% of the highest cumulative accepted claims in the six-monthly period ending 30\textsuperscript{th} September and 31\textsuperscript{st} March each year (subject to min. of 2 and max. of 5).
Annexure – I

Medical Expenses for the Quarter ending ……………………

1. Name of the Circle : 
2. Total No. of employees : 
3. (i) No. of employees opting for BSNL MRS : 
   (ii) No. of employees opting for CGHS : 
4. Details of Expenditure under BSNL MRS

<table>
<thead>
<tr>
<th>Qtr/ Month</th>
<th>Outdoor Treatment</th>
<th></th>
<th>Exp. On Indoor Treatment</th>
<th>Total Medical expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under para 2.1.0</td>
<td>Under para 2.1.1</td>
<td></td>
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<tr>
<td></td>
<td>No. of Beneficiary</td>
<td>Expenditure</td>
<td>No. of Beneficiary</td>
<td>Expenditure</td>
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<td></td>
<td>Total O/D Exp.</td>
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<td>Total</td>
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Signature
Name & Designation
Date
Additional Guidelines for the implementation of BSNL MRS

The following additional guidelines are issued for the implementation of BSNL MRS.

1. **Eligibility of family dependents of expired employees**:

On the death of BSNL employee who was availing BSNL MRS facilities, spouse/children who become family pensioners shall continue to avail the same facility, as was being availed by the employee prior to his/her death. However, the dependents shall not be entitled to change any option.

2. **Claim of reimbursement, if both husband and wife are BSNL employees**

In case where both husband and wife are BSNL employees, only one of them may be allowed to avail of the medical benefits according to his / her status. For this purpose, they should furnish to their respective authorities a joint declaration as to who will prefer the claim for reimbursement of medical expenses incurred on the medical attendance and the treatment in respect of spouse and children. The above declaration should be submitted in duplicate and copy shall be recorded in the personal file of each of them in their respective offices. This declaration shall remain in force till such time as it is revised on the express request in writing by both the husband and the wife e.g. in the event of promotion, transfer, resignation etc. of either of the two. In the absence of such a joint declaration, the medical benefits shall be availed of by the wife and the children according to the status of husband.

3. **Provision of TA for outstation treatment**

Traveling allowance may be allowed for the journeys undertaken (both sides) for medical treatment taken with the approval of competent authority to the station other than the place of posting as per Rules. The persons covered shall be as follows:

i) Traveling Allowance may be allowed to the patient for the journeys undertaken for taking medical treatment at the outstation.

ii) Attendant or escort who is required to travel along with the patient, if the Medical Authority attending the patient has certified in writing that it is unsafe for the patient to travel alone and an attendant/escort is necessary to accompany him.

iii) Donor of Kidney who is required to travel for donating kidney to BSNL employee or his family member.

The TA is admissible as per the entitlement of the employee.

4. **Correcting of deformity – Cosmetic surgery**
Cosmetic surgery shall not be allowed.

**Applicability of scale of pay w.r.t entitlement under BSNL MRS – Case of absorbed Group ‘B’ Executives.**

The management Committee has approved that the medical benefits admissible under BSNL MRS to Executives (Group B) of BSNL absorbed from Dot/DTO/DTS shall be as per the IDA scales instead of being regulated as per presumptive pay in corresponding CDA pay scale with effect from the financial year 2004-05.

**Medical facility – Change-over option from CGHS to BSNL MRS**

It has been decided by the Competent Authority to allow all serving and eligible retired employees of BSNL, who are currently taking medical benefit under CGHS, to exercise their option to move over to BSNL MRS. The last date for option was 31-03-05. The facility of BSNL MRS is available to such new optees from 01-04-05 onwards.

**Clarification on eligibility of retired Group ‘A’ officers of BSNL MRS**

It is decided by the Competent Authority that the BSNL MRS shall not apply to those employees who have retired from BSNL without being absorbed in BSNL or have not given option for absorption in BSNL.

**BSNL MRS – Guidelines for nomination of officers to visit hospitals for certifying the hospitalization of BSNL MRS beneficiary.**

As per the existing policy, in all cases involving hospitalization of two or more days, a designated officer of BSNL not below the rank of STS Grade shall visit the hospital and give a certificate as per the prescribed format.

In all the cases of hospitalization in Delhi by visiting officers of field units the cases for certification were being referred Corporate Office. It has been decided by the competent authority that all such cases shall be referred to NTR. NTR shall nominate/depute an officer of not below the rank of STS to visit the hospital and forward his report directly to the requesting office.
3. **Guidelines for Indoor treatment**

**Guidelines for indoor treatment under BSNL MRS**

Following further guidelines on indoor treatment under BSNL MRS are issued:

1. A Medical Card containing photographs of all the family members and dependents of concerned employees shall be issued to all BSNL MRS optees immediately. The medical / hospitalization claim should be duly certified by the Doctor along with photograph of the person given indoor treatment.

2. In all cases of extreme emergencies, the employees concerned shall have to inform the SSA Head of his controlling officer soon after hospitalization for indoor treatment. In order to ensure that the facility is used by the employees and his dependent family members only, a designated officer of BSNL may visit the hospital and verify the authenticity of the beneficiary.

**Guidelines to monitor the expenditure on indoor treatment**

It was decided by the Competent Authority that the cases of indoor treatment wherein the cumulative expenditure in any Financial Year exceeds five times of the Basis Pay + DA of the concerned employee shall be sent to Corporate Office for the expenditure approval of the Competent Authority.

Such cases of indoor treatment shall be sent in enclosed proforma to avoid the delay in processing of such cases for getting the approval of Competent authority.
CASES FOR EXPENDITUREE APPROVAL OF INDORR TREATMENT FROM C.O.
(Case for expenditure exceeding five times of the basic pay + DA)

Ref. No. Date:

To

The Assistant Director General (Admn.)
Bharat Sanchar Nigam Limited
Corporate Office, Statesman House,
New Delhi

The expenditure of indoor treatment as detailed below may kindly be approved.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of Circle &amp; SSA</td>
</tr>
<tr>
<td>2.</td>
<td>Name of Employee &amp; Desgn.</td>
</tr>
<tr>
<td>3.</td>
<td>Basic Pay + D.A. as on 01-04………………..</td>
</tr>
<tr>
<td>4.</td>
<td>BSNL MRS Reg. No.</td>
</tr>
<tr>
<td>5.</td>
<td>Name of Patient</td>
</tr>
<tr>
<td>5 (a).</td>
<td>Relationship with employee</td>
</tr>
<tr>
<td>6.</td>
<td>Name of disease/illness</td>
</tr>
<tr>
<td>7.</td>
<td>Period of treatment</td>
</tr>
<tr>
<td>8.</td>
<td>Name of Hospital</td>
</tr>
<tr>
<td>9.</td>
<td>Whether hospital is BSNL approved YES/NO</td>
</tr>
<tr>
<td>10.</td>
<td>If not, copy of CGM’s approval *</td>
</tr>
</tbody>
</table>

- Copy of approval of CGM allowing to undertake treatment in non recognized hospital / copy of the approval for taking treatment outside the HQ if any.

11. Summary of expenditure

<table>
<thead>
<tr>
<th>Details</th>
<th>Voucher No.</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostics/Tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery/other procedure charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appliances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room Rent</td>
<td></td>
<td></td>
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<tr>
<td>Charges for Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is certified that all the bills have been verified and the claims admitted are as per CGHS/BSNL agreed rates.

The case has been recommended by CGM (…………………).

Encl: As per attached list.

Signature
Name:
Designation:
Phone No.:
LIST OF ENCLOSURES

1. Copy of all Bills & Vouchers duly attested by the officer forwarding the claim to Corporate Office.

2. Copy of BSNL MRS Photo I-Card, identifying the patient therein by signature of the concerned doctor.

3. Copy of approval of CGM, in case of treatment in non-recognized hospital or hospitals not covering the place of duty.

The issue of restoration of powers to field units for sanctioning of Indoor Medical expenditure beyond five times Basic + DA of the employee was in consideration at Corporate Office for some time. The following decision has been taken by the competent authority for streamlining the process of sanction of indoor expenditure:

1. CGMs shall have full powers to approve the expenditure incurred on the treatment taken in Govt. hospitals.

2. In respect of Indoor treatment, taken in empanelled hospitals, CGMs shall have full powers to settle the claims, where at least 90% of the total expenditure are covered under the rate list prescribed by CGHS for specialized and general purpose treatment and diagnostic procedure.

3. In case of treatment taken in non-empanelled hospitals in emergency condition with approval of competent authority, CGMs shall have full powers to settle the claim by restricting it to CGHS rate.

4. The financial powers shall not be sub-delegated by CGM.

5. In all cases involving hospitalization of two or more than two days, a designated officer of BSNL shall visit the hospital and give a certificate as per enclosed format. The certificate shall be attached to the claim while forwarding the same to CGM's office for approval.

6. The instruction regarding attaching a certificate by the concerned doctor identifying the patient in the copy of the BSNL MRS Card as conveyed by BSNL C.O. office O.M. No. BSNL/Admn.I/15-4/04(Pt.) dated 15.10.2004 should be strictly followed.
Certificate of visit of BSNL Officer

As per the instructions of ____________________________ I visited the __________________________ hospital at ____________ A.M./P.M. on ____________ (date) and found that ____________________________ (name of the patient) is undergoing treatment under Dr. ____________________________, under Registration No. ____________________________ in ward No. ____________________________ and observed the following particulars of the patient.

Date of admission : __________________

Name of disease : __________________

Name of employee : __________________

Relationship with the employee : __________________

BSNL MRS Card No. ____________________________

The patient/the employee is satisfied with the treatment being given. As per the documents available with him/her, he/she is found to be the authorized beneficiary to take treatment under the BSNL MRS.

Signature

Name of the Officer : __________________

Date : __________________

Place : __________________

To

________________________________

________________________________

______________________________

It is further clarified that in case an employee or his dependent has to be hospitalized in emergency at a place other than his/her place of posting, parent office will advise an officer posted at the place of hospitalization to visit the hospital and certify the hospitalization. However, if such visit and certification is not found feasible due to some practical difficulty then the CGM, in respect of the field staff and the concerned Director, in respect of the Corporate Office staff, may exempt the requirement of aforesaid certification.

In all other cases the certification by an officer of the parent office on an employee or by an officer posted at the place of hospitalization will be invariably required. In case the family of any employee permanently stays at a place other than the place of posting of the employee, an arrangement may be made in advance such that a BSNL officer posted at the place of residence of the family is asked to visit the hospital and certify the hospitalization.

BSNL MRS – Guidelines for regulation of expenditure on indoor treatment – cases where no CGHS rates are prescribed for any treatment/procedure.

Following guidelines for finalization of such cases have been approved by the competent authority.

i. Any life saving treatment or transplant operation, for which no CGHS rates are prescribed, can be undertaken at any Govt. Hospitals or Govt. Medical Colleges/institutes.

ii. For past cases where such treatments have already been taken at hospitals other than Govt. Hospitals/Colleges/Institutes, the rates prescribed by the respective State Medical College would be applicable for settlement of their claims.
4. Reimbursement of Medical Claim for Retired Employees of BSNL

1.0 General:

1.1 Eligibility: (Presently defined as per clause 1.4 (ix) of Circular dated 28.02.2003 and amended vide order No. BSNL/ADMN.I/1 dated 03.06.04)

(i) Employees retired after 01.10.2000, i.e. after formation of BSNL, are only eligible.

(ii) Employees who were on deemed deputation to BSNL at the time of retirement and absorbed in BSNL subsequently.

(iii) Employees who were on deemed deputation to BSNL at the time of retirement, and whose cases of absorption have not been finalized so far after they have given option for absorption in BSNL. However, after the cases of absorption are finalized, only such retired employees as have been absorbed in BSNL shall be eligible for BSNL MRS.

1.2 Registration for BSNL MRS: (As per guidelines outlined in Para 3 of Office Order No. BSNL/ADMN/1 dated 22.04.03)

In order to avail the facility of BSNL MRS after retirement, all eligible employees may fill up the stipulated Registration form for BSNL MRS, 3 months prior to his scheduled date of retirement and submit to his controlling SSA office. The eligible employees who have already retired, may fill up the Registration form and submit it either to the SSA office from where he has retired or from where he is getting the benefits of BSNL MRS at present. A separate Registration form has been designed exclusively for the Retired employees (Annex.I). Provision for indication of choice for change of Circle/SSA has been made in the Registration form.

1.3 Issue of BSNL MRS Card: (As per guidelines issued vide Para 3 of office order No. BSNL/ADMN/I dated 22.04.03 and BSNL/ADMN.i/15-4/04(Pt.) dated 15.10.04)

After due verification of the Registration form, the BSNL MRS Card will be issued to the eligible employees. The BSNL MRS Card shall contain the Registration No., details of self and dependent members, including photographs, and particulars of SSA office from which the benefits shall be taken, including space for indicating subsequent changes of place, if any

1.3.1 Annual verification:

(i) The medical card issued to the pensioner may be got revalidated every year by the beneficiary in the month of Aril. For this purpose, a certificate will be given by the pensioner/beneficiary that dependent members whose names were included in the card continue to satisfy the eligibility conditions as per the BSNL MRS.

(ii) The retired employee, who is gainfully employed and where the spouse of the retired employee is serving and he/she is receiving medical facilities from the organizations of the spouse, he/she shall not be eligible for the medical facilities.
(iii) The facilities under the scheme shall be liable to be withdrawn at any time for misuse or abuse of the facility under the scheme. Such facilities shall not be restored without the approval of Corporate Office.

1.4 **Change of place of settlement** (As per provision made vide Para 21 of Circular dated 22.04.03)

(i) While registration for BSNL MRS, the retired employee may indicate his place of settlement after retirement. The Circle head of his office while in service, shall issue an Advice Memo (Proforma-I) indicating new Circle & SSA from which the benefit is intended to be taken. Based on such Advice Memo, new BSNL MRS Card shall be issued by the SSA.

(ii) For any subsequent change of place of settlement, the retired employee shall apply to the Head of Circle, through the SSA office from which he is getting his medical reimbursement in the prescribed proforma. The office of Head of Circle after due verification, shall issue Advice Memo [Proforma-II] for change of Circle or SSA in favour of new Circle/SSA under intimation to Corporate Office. (Proforma Advice Memo enclosed).

1.5 **Mode of Payment**:

All payment, i.e. payment for outdoor treatment with/without voucher and payment for reimbursement of indoor treatment from non-empanelled hospitals may be made by account payee cheque, mentioning the A/c No. as declared by the retired employee. Such cheques should be sent to the retired employees by Registered Post. Wherever possible, the mode of electronic transfer of payment shall be implemented.

1.6 **Accessibility of information regarding BSNL MRS**:

All circulars of BSNL MRS relevant to the Retired employees shall be made available in BSNL website, i.e. [www.bsnl.co.in](http://www.bsnl.co.in) in a suitably created section.

2.0 **Outdoor Treatment**:

2.1 **Payment of Outdoor treatment expenditure without voucher**:

(Presently, as per provisions of Para 2.1.1 of Notification No. BSNL/ADMN/1 dated 28-02-03 and guidelines issued dated 22.04.03)

As per provision in Para 2.1.1 of BSNL MRS Notification No. BSNL/ADMN/1 dated 28.02.03, the payment are presently made to such retired employees, who have opted for ‘reimbursement under Para 2.1.1, i.e. without voucher’ in four equal installments. Such payment shall, in general, be made through cheque and sent to the residence of the employee by the 1st week of each quarter. SSA Head shall make all necessary arrangement for this purpose.

2.2 **Settlement of claim for Outdoor treatment expenditure with voucher**:

(As per provisions of Para 2.1.0 of Notification No. BSNL/ADMN/1 dated 28-02-03 and guidelines issued dated 22.04.03)
Such claims shall be accepted only from those retired employees who have opted for ‘Outdoor treatment expenditure reimbursement with voucher’, while registering for the scheme. As per prevailing instructions dated 22.04.03, the claim should be submitted in stipulated form along with all supporting vouchers like copy of prescription, bills in original. The claim shall be admitted upto the prescribed limit, i.e. equal to the salary (Basic + DA) of last month of service, per annum. The claims may preferably be submitted each month for the preceding month. However, claims received within six months of incurring the expenditure will also be accepted.

3.0 **Indoor Treatment:**

(i) In normal circumstances, indoor treatment should be taken only from BSNL empanelled hospitals and referral from a Doctor registered in the Allopathic system of medicine is essential.

(ii) The retired beneficiary may approach the designated officer (not below the rank of STS or equivalent) in the SSA/Circle office for issue of authorization letter for the particular BSNL empanelled hospital. Advice of any Doctor registered in the allopathic system of medicine for hospitalization and copy of BSNL MRS Card have to be submitted as supporting documents for issue of authorization letter.

(iii) The designated officer of the SSA office shall issue an authorization letter in prescribed format for treatment in the particular BSNL empanelled hospital.

(iv) In general, empanelled hospitals shall send the bills to BSNL, as per agreement. However, in some cases, the empanelled hospitals may not extend such facility. In such cases, the payment has to be made by the retired employee to the hospital and such expenditure may be claimed in stipulated form along with all supporting vouchers. Medical advance shall not be given in any case.

(v) Retired employee may draw the attention of the designated officer in SSA/Circle office in case he/she faces any problem in getting proper treatment in the empanelled hospital.

(vi) Retired employee or his dependent may take indoor treatment from non-empanelled hospitals only in cases of emergency. The designated officer in BSNL may be informed as early as possible regarding such treatment being taken in non-empanelled hospitals. However, reimbursement shall be restricted to prevailing CGHS rates only after due verification.

(vii) Emergent cases are those which involve accident, serious nature of disease etc. In such cases only, the person on the spot may use his/her discretion for taking the patient for treatment in a private hospital in case no government or an empanelled hospital is available near than the private hospital. The administrative office will decide on merit of the case whether it was a case of real emergency necessitating admission in a private hospital.
(viii) All controlling offices of BSNL shall ensure that all indoor expenditure reimbursement claim preferred by retired employee is settled within a maximum period of one month.

4. **List of empanelled hospitals & providing credit facilities:**

Lists of empanelled hospitals and those providing credit facilities shall be available with the respective Circle Office / SSA on their website. These lists would also be supplied on request.
BSNL MRS REGISTRATION FORM FOR RETIRED EMPLOYEES

1. Name of Retd. Employee :     2. Father’s Name
3. Place of Last Posting     4. Designation
5. Last Month’s salary : (i) Basic ………………. (ii) D.A.
6. Address after Retirement :
7. Telephone No : 8. e-mail ……………
9. Nearest BSNL SSA Office

10. Details of Family Members :

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship with the employee</th>
<th>Blood Group if available</th>
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<tbody>
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</tbody>
</table>

11. Option for Outdoor treatment (under BSNL MRS) :

[ ] (i) Outdoor/Domiciliary treatment form RMPs : Reimbursement against voucher (as per Para 2.1.0)
[ ] (ii) Outdoor/Domiciliary treatment : Entitlement without voucher (as per para 2.1.1)

Declaration :

I hereby declare that above mentioned members of my family are fully dependent on me i.e.e. their income from all sources does not exceed Rs. 1,500/- per month. If the above information is found to be false at any time, company can take action against me as per Rules or as deemed fit.

Signature of Employee

--------------------------------------------------------------------------------------------------
FOR OFFICE USE ONLY
Column 1 to 10 verified
Advice Memo issued : No. ........................................Date .............................

Signature of Issuing Authority .

- 35 -
ADVICE MEMO FOR BSNLMRS OF RETIRED EMPLOYEES

for 1st time Registration after Retirement

Shri/Smt. ........................................ S/o D/o W/o Shri .........................
Retired as ........................................ from ........................................ (place) on
........................................ (date) may be registered as retired beneficiary of BSNLMRS under
........................................ BSNL. The duly verified Registration Form is enclosed herewith.

Signature of Issuing Authority
ADVICE MEMO FOR BSNLMRS OF RETIRED EMPLOYEES

Approval of competent authority is granted for the change of Paying Office for BSNLMRS w.r.t. Shri/Smt. ........................................ S/o D/o W/o Shri .............
Retired as ..........................(designation) ..........................from ..........................
(present paying office) under CGM ........................................ with immediate effect.

Signature of Issuing Authority
Extension of BSNLMRS to the members of deceased BSNL employees who have absorbed or have opted for BSNL and expired before the implementation of BSNLMRS.

It has been decided by the Competent Authority that the BSNLMRS can be extended to the dependents of the deceased BSNL employees who had opted/absorbed in BSNL before their superannuation and expired before the implementation of BSNLMRS and were not availing CGHS facility.