



**MAZAGON DOCK
SHIPBUILDERS LIMITED**

SUPERANNUATION BENEFITS

INDEX

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CHAPTER I

Superannuation Benefits

Employees on the permanent rolls of the Company on attaining the age of superannuation (i.e. 60 years of age) and successful completion of their service are entitled to following Retirement benefits. These are as under:

- a) Provident Fund
- b) Gratuity
- c) Leave encashment
- d) Refund of Group Saving Life Insurance Scheme Contribution
- e) Re-settlement Grant
- f) Reimbursement of Travelling Allowance and Transportation
- g) Mementos, Gifts & Voucher

a) Provident Fund:

Employees on attaining the age of superannuation shall be eligible to withdraw both employee's and employer's contribution along with accrued interest standing to their credit.

However, on an application from a member in such manner as may be prescribed, the Trustees may permit withdrawal of upto 90% of the amount standing at the credit, any time after attainment of the age of 59 years by the member or within one year before the member's actual retirement on superannuation, whichever is later.

b) Gratuity:

An employee becomes entitled to earn gratuity after putting in continuous service of a minimum period of 5 years in the company and receive the said amount under the Payment of Gratuity Act, 1972.

An employee is entitled to receive 15 days' wage/salary as gratuity for every completed year of service or part thereof excess of 6 months. The 15 days' salary shall be calculated by dividing

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the monthly rate of wage/salary last drawn by 26 and multiplying the quotient by 15. The amount of gratuity payable shall not exceed Rs.20,00,000/-(enhanced with effect from 1.1.2017). The said amount would be Tax free.

c) Leave encashment

The Executive will be entitled to encash Half Pay Leave (HPL) at his/her credit along with Privilege Leave (PL). However, the combined limit will be restricted upto 300 days. The cash equivalent payable for HPL would be equal to leave salary as admissible for Half Basic Pay + Dearness Allowance. No commutation of HPL is permissible to make up the shortfall in PL. However, in case of Non-executives they shall be eligible for PL encashment restricted to 300 days.

d) Refund of Group Saving Life Insurance Scheme Contribution

Employees, who are member under Group Saving Life Insurance Scheme (GSLIS) by paying a monthly premium of Rs 106.25 towards the said Scheme would be eligible for refund of amount, which has been deposited under saving head.

e) Re-settlement Grant

Executive on retirement shall be eligible for Resettlement grant equal to one month's basic pay last drawn to enable him to wind up the old and set up the new establishment.

f) Reimbursement of Travelling Allowance and Transportation

Travel expenses to be reimbursed for travel by the executive, spouse and children residing with and wholly dependent upon the executive by the entitled class of accommodation from the last duty station to the selected place of residence anywhere in India, where the executive wishes to settle down permanently.

Reimbursement of Daily allowance for the executive and family would be made for the journey time as admissible in respect journeys on permanent transfer.



Reimbursement of expenses to the extent of 50% of Basic Pay last drawn will be paid to cover the cost of packing, portage, transporting the luggage from residence to railway station and vice versa.

The cost of transportation of personal effects (household goods and vehicles) on the same scale as admissible on permanent transfer would be reimbursed. In case of urgency, the personal luggage to the maximum extent indicated above may be transported by passenger train subject to the approval of the Chairman & Managing Director. The minimum ceiling towards the above transportation shall be of Rs. 10000/-. In addition to the above cost any Taxes & Duties and Insurance Charges, etc. for transportation of Personal Effects will be reimbursed at actual on production of receipts

g) Mementos, Gifts & Voucher

Along with the retirement benefits, non-executives shall be paid Rs. 30,000 whereas superannuated executives shall be distributed Silver coin, crest, wrist watches and SBI voucher worth Rs. 5,000.

A Service Certificate to mark their contribution towards MDL shall be distributed on the last working day of the employee. Retiring employees shall also be provided with Retired Employees Identity Cards for their recognition towards their services.

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CHAPTER II

Group Health Insurance Schemes

Mazagon Dock Shipbuilders Ltd has three different Health Insurance schemes for its retired employees.

1. **MDEPRMS** Annual Floater scheme for executives retired after 01.01.2007 and covered under MDEPRMS Scheme
2. **MDEPRMS** Annual Floater scheme for non-executives retired from 01.01.2017 onwards.
3. **Residual Sum** Insured Scheme for retired employees retired after 01.01.2007 and not covered in any of the above.

1. **MDEPRMS Annual Floater Scheme for Executives**

Eligibility:

All executives who have retired since 01.01.2007 and have availed the membership of the scheme by paying the membership fees are eligible for this scheme. The executives need to submit an authorization letter before the last working month to HRE section to deduct the eligible one-time membership amount from salary. Employee has to fill up Insurance ID card to be submitted to Paramount Health Services. Employee can avail cashless hospitalization services on the TPA ID card issued to the employee by TPA.

Membership fees:

Sr. No	Last Designation held	Lump sum membership fees
1	ED TO CMD	Rs.7000/-
2	CM TO GM	Rs.5000/-
3	JE/Executive trainee to Manager	Rs.3000/-

Under this scheme OPD amount is also reimbursed half yearly on self declaration as per the grades.

Sr. No	Last Designation held	Annual limit
1	ED TO CMD	Rs.25,000/-
2	CM TO GM	Rs.20,000/-
3	JE/Executive trainee to Manager	Rs.15,000/-

The other special features of the scheme are as follows:

Srl. No.	Particulars	Details of Parameters of Group Medclaim Policy On Family Floater Basis for Retired Executives with Respective Spouse.
1	The Post Retirement Health Insurance Benefit Scheme	All Retired Executives including spouse shall be covered under Post-Retirement Medical Scheme (PRMS) under Group Medclaim Insurance policy on Annual Sum Insured (ASI).
2	Insured Persons Details	The name of retired Executives, their spouse along with relevant data viz. date of birth (DOB), present address etchas been given to the insurance company at the time of premium payment.
3	No age-bar Criteria	(i) There shall not be any Age Bar Criteria for the retired Executives / spouse. The Gr. Health policy shall be applicable till the respective sum assured (Basic SI & STU SI) is fully exhausted or till the retired employee and his / her spouse both are not alive.
4	No-Medical Check-up	There shall be no medical check-up for the retired Executives' and their spouse at inception of the policy and also at the time of inclusion in the policy without any age limit / no age-bar criteria.
5	Pre-existing diseases	There will be no exclusions for coverage of retired Employees' /spouse to be insured under the policy for any pre-existing diseases.
6	Waiver of (all time frame)exclusions	The Gr. Health Insurance policy shall have waiver of 1st, 2nd 3rd or 4th years' excluded diseases and shall not be subjected to any co-payment basis.
7	'Day- Care' treatment allowed	The Gr. Health Insurance policy will be applicable for hospitalization including 'Day Care' treatment admission anywhere in India but excluding Out Patient Department (OPD) treatments.
8	Pre & Post Hospitalization	The insurance company will reimbursed / pay for each hospitalization chargers per illness to the extent of the sum assured during the period of coverage including 30 days pre-hospitalization and 60 days post hospitalization expenses.
		The Family Floater Sum Insured of Respective cadre of Retired

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10	Basic Family Floater Sum Insured (SI)	Executive shall be as under as per PRMS: (i) Retired Executive Directors (ED) and above - Rs. 4,00,000/- (ii) Retired Chief Manager (CM) to Gen Manager (GM) - Rs. 3,00,000/ (iii) Retired JEs / Junior Executives to Manager - Rs. 2,00,000/-
11	In addition to normal SI Provisions for Corporate Buffer SI and Super Top-Up SI for utilization for Special / Critical Diseases / parameters' of Cover	Corporate Buffer of Rs.50 Lacs to be utilized in addition to point no. 10 above up to 2 times the SI in case of critical diseases including following ailments: - (a) Cardiac Procedures' & Surgeries, (b) Cancer, (c) Renal / kidney Disease, (d) Paralysis-Paraplegia (e) Liver Diseases, (f) Organ Transplantations / Surgeries, (g)Surgery of Aorta, (h) Chronic Lungs & Brain related including apallic syndrome, (i) Aplastic anemia, (j) Bacterial Meningitis, (k) Major Burns, (l) Coma (m) Multiple sclerosis, (o) Alzheimer's and any Terminal Diseases etc. (p) End stage lung or liver failure (q) Bone marrow transplantation (r) Fulminant Hepatitis (s) Pulmonary hypertension
12	Additional Cover within normal Sum Insured & including STU SI	(i) Ambulance charges to be covered – up to Rs. 2,500/- both in case of admission & discharge from hospital / Nursing Home. (ii) Cost of Spectacles, Contact Lens and hearing aid with ceiling limit of Rs.5000/- per family per year. (iii) Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-cell, Lymphotropic Virus Type III (HTLB-III) or Lymphotopathy Associated Virus (LAV) or the Mutant Derivative or Variation Deficiency Syndrome or and syndrome or condition of a similar kind commonly known as AIDS. (iv) All service charges within the ceiling limit of Rs.1000/- Registration charges, taxes etc., at the time of admission should be covered. (v) Treatment undertaken in a Hospital / Nursing Home on the recommendation of Medical Practitioner for diseases / illness or injury which requires hospitalization for less than 24 hours including dialysis, chemotherapy, radiotherapy, eye surgery,

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		dental surgery (due to accident), lithotripsy, tonsillectomy, dilatation and curettage, cardiac cauterisation, hydrocele surgery, hernia repair surgery, root canal and any other surgeries / procedure.
13	Increased Room/ Cabin/ Bed & ICCU/ ITU Charges	The per day Cap / limit of Room / Cabin / Bed Charges shall be 2% of Sum Insured and for treatment in ICCU / ITU the per day cap / limit shall be 3% of Sum Insured .
14	No deduction / Proportionate to Room / Cabin Rent limit(s) etc.	No deduction shall be made on any other in-patient medical expenses / hospitalization charges based on Room / Cabin Rent (increased) and / or proportionate to increased entitled Bed / Room / Cabin Rent etc as above
15	Specific Cap / Limits of Eye & Dental treatment	There shall be Cap / Limit specified for selected disease / ailments as under: EYE - Cataract- monofocal limited to Rs. 50,000/- per case (eye) Dental – Root canal with Cap limited to Rs. 7,000/- per tooth. (other dental treatment is excluded unless necessitated by any accident)
16	Change of Pathy be allowed	The Policy should cover the Change of one pathy to another on recommendation of the treating doctor
17	Cover extended for list of Diseases / ailments	Cover should also be extended towards the following treatments without any cap subject to the limit of sum Insured: a) External Counter Pulsation (ECP/EECP) b) Choroidal Neo Vascular Membrane. c) Rotational Field Quantum Magnetic Resonance (RFQMR) e) Sleep apnea f) Treatment of wet type of ARMD (Age related macular degeneration) including Lucentis / Avastin access solution. g) Chemotherapy (covering Oral Chemotherapy) including targeted therapy.
18	TPA engaged by Insurers	The Insurance company has appointed M/s ParamountHealth Services & Insurance TPA Pvt. Ltd, as TPA for providing necessary cash less services under the policy. Member may contact TPA at following address and phone no.s given below : Paramount Health Services & Insurance TPA Pvt. Plot No. A-442, Road No-28, Wagle Estate, Ram Nagar, Thane West - 400604 Contact person name: 1. Arpita Pednekar Contact nos. Direct contact: 022-68342845 Mobile no.

Paramount

		7710041051 2. Bhushan Kharat Contact nos. Direct contact: 022 66444728 Mobile no. 7718883461 Website: www.paramounttpa.com
19	Cashless in TPA empanelled Hospitals' / NH	The bill for admissible Hospitalization expenses in the listed panel hospitals of TPA, shall be paid directly to the hospital by the TPA to be engaged by the insurance company.
20	Issue of ID Cards to by TPA / extend Cash-less facility	TPA will issue Identity Cards to the retired Executives & spouse insured under the Gr. Health Policy within 7 days and ensure 'Cash-less' hospitalization to the beneficiaries in the listed hospitals in the Cities and Towns all over India. The detail procedure to be followed by the insured to avail 'cash-less' hospitalization facility is depicted below.
21	Time frame of Reimbursement claims in non-panel hospitals / NH	Intimation of hospitalization in non-panel hospital with full particulars shall be given by the insured to the TPA / insurance company within 30 days from the Date of Discharge. In exceptional circumstances, Insurance Company may have to waive the time limit on merit of the case and recommendation of MDL.
22	Time frame of Pre & Post hospitalization Claim submission	The time limit for submission of claim for reimbursement of hospital / NH expenses and pre / post hospitalization shall be 2 months from the Date of Discharge. In exceptional circumstances & cases of continuing treatments Insurance Company may have to waive the time limit on merit of the case and recommendation of MDL.
23	Time frame for claim settlement.	The insurance company will ensure that the insured retired Executives / Spouse hospitalization expenses and / or pre / post hospitalization expenses are settled by the TPA within one month (30 days) of submission of the same along with all required claim documents' by insured retired executives / spouse to the TPA.
24	Facility for Opting Super Top Up (STU) Cover by Insured retirees	(A) The Insured will continue to cover all members retired executives on floater basis by Super Top Up (STU) at the sum insured of 2 times the eligible sum insured. Thus members with Rs.2 Lacs floater SI will get Rs.4 Lacs floater Super Top Up cover, members with Rs.3 Lacs floater SI will get Rs.6 Lacs floater Super Top Up cover and members with floater Rs.4 Lacs SI will get Rs.8 Lacs floater Super Top Up cover. The STU cover is in addition to Basic Sum Insured. *(B) Retired executives also may opt for additional STU sum insurance individually by themselves in addition to Group STU cover which is already there.

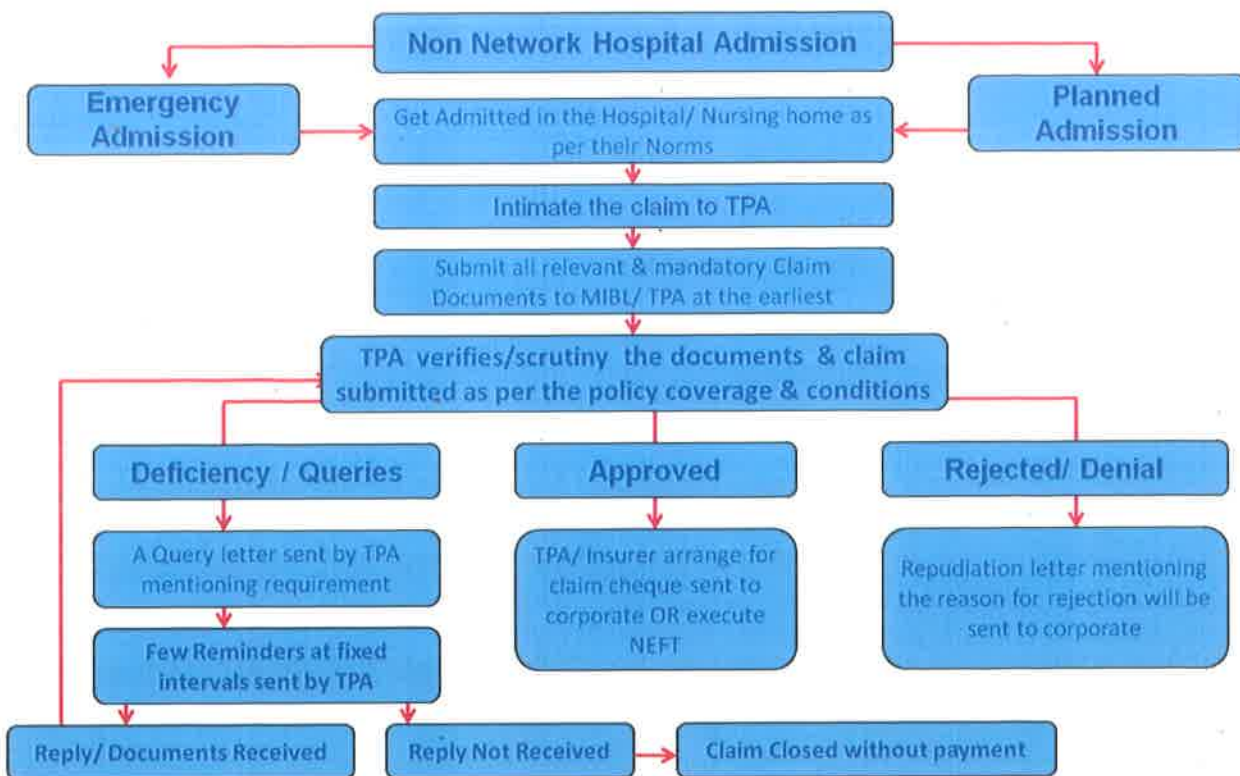
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Cadre	Sum insured	Premium
Retired Executive Directors (ED) and above	800000	57600
Retired Chief Manager (CM) to Gen. Manager (GM)	600000	34740
Retired JEs / Junior Executives to Manager	400000	17400
<p>Please note that this is optional for the retired executives and if opted, premium will be paid individually by the executive to MDL within 7 days of his/ her retirement.</p>		

*The amount mentioned for Additional Super top is valid for the year 2019-20 and is subject to change every year and will be communicated via MDL Corporate web site

Claim Procedure: In case of panel hospitals, the claims are cashless which require intimation to be sent to the TPA. The employee needs to carry the TPA ID Card and Photo ID proof (Pan card and Adhaar Card). In case of non panel hospitals, claims are reimbursed and need to be submitted within one month of discharge with all original bills and reports.

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Special Disease: For diseases mentioned under the head special disease in CMD circular CH/128/2014, after the exhaustion of the entire eligibility amount, original bills with application and forms, is to be submitted to HR SBC which is then put up for approval and reimbursed. This facility is applicable to only those covered under Floater Policy.

2. MDEPRMS Annual Floater Scheme for Non Executives:

Eligibility: All non executives who have retired since 01.01.2017 are eligible for this scheme. Employee has to fill up Insurance ID card to be submitted to Paramount Health Services. Employee can avail cashless hospitalization services on the TPA ID card issued to the employee by TPA.

Serial No.	Particulars	DETAILS OF PARAMETERS OF GROUP MEDICLAIM POLICY ON FAMILY FLOATER BASIS FOR RETIRED NON EXECUTIVES WITH RESPECTIVE SPOUSE.
1	The Post Retirement Health	(i) All Retired Non Executives including spouse shall be covered under Post-Retirement Medical Scheme (PRMS) under Group Mediclaim Insurance policy on annual sum assured (ASI).

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	Insurance Benefit Scheme	<p>(ii) This Group Medclaim Insurance coverage is for MDL retired Non Executive including Spouse, widows / widower of retired employees and spouse of employees died in harness.</p> <p>(iii) The Group Health Policy period shall be for period from 01-04-2019 to 31-03-2020.</p>
2	Insured Persons details	The name of retired Non Executives, their spouse along with relevant data viz. Name, date of birth (DOB), present address etc.
3	No age-bar Criteria	(i) There shall not be any Age Bar Criteria for the retired Non Executives / spouse. The Gr. Health policy shall be applicable till the respective sum assured is fully exhausted or till the retired employee and his / her spouse both are not alive.
5	Pre-existing diseases	There will be no exclusions for coverage of retired Employees' /spouse to be insured under the policy for any pre-existing diseases.
6	Waiver of (all time frame)exclusions	The Gr. Health Insurance policy shall have waiver of 1st, 2nd 3rd or 4th years' excluded diseases and shall not be subjected to any co-payment basis.
7	'Day- Care' treatment allowed	The Gr. Health Insurance policy will be applicable for hospitalization including 'Day Care' treatment admission anywhere in India but excluding Out Patient Department (OPD) treatments.
8	Pre & Post Hospitalization	The insurance company will reimbursed / pay for each for hospitalization chargers per illness to the extent of the sum assured during the period of coverage including 30 days pre-hospitalization and 60 days post hospitalization expenses.
9	Basic Family Floater Sum Insured (SI)	The Family Floater Sum Insured of Respective Retired Non Executive & Spouse shall be Rs. 2,00,000/- .
11	Limit & Capping under policy	<p>(vi) Cost of Spectacles, Contact Lens and hearing aid with ceiling limit of Rs.5000/- per family per year.</p> <p>(vii) Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-cell, Lymphotropic Virus Type III (HTLB-III) or Lymphotopathy Associated Virus (LAV) or the Mutant Derivative or Variation Deficiency Syndrome or and syndrome or condition of a similar kind commonly known as AIDS.</p> <p>(viii) All service charges within the ceiling limit of Rs.1000/- Registration charges, taxes etc., at the time of admission are covered.</p> <p>(ix) Treatment undertaken in a Hospital / Nursing Home on the recommendation of Medical Practitioner for diseases / illness or injury</p>

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		which requires hospitalization for less than 24 hours including dialysis, chemotherapy, radiotherapy, eye surgery, dental surgery (due to accident), lithotripsy, tonsillectomy, dilatation and curettage, cardiac cauterisation, hydrocele surgery, hernia repair surgery, root canal and any other surgeries / procedure.
12	Increased Room / Cabin / Bed & ICU/ ITU Charges	The per day Cap / limit of Room / Cabin / Bed Charges shall be 1% of Sum Insured and for treatment in ICU / ITU the per day cap / limit shall be 2% of Sum Insured .
13	No deduction / Proportionate to Room / Cabin Rent limit(s) etc.	No deduction shall be made on any other in-patient medical expenses / hospitalization charges based on Room / Cabin Rent (increased) and / or proportionate to increased entitled Bed / Room / Cabin Rent etc as above
14	Specific Cap / Limits of Eye & Dental treatment	There shall be Cap / Limit specified for selected disease / ailments as under: EYE - Cataract- monofocal limited to Rs. 50,000/- per case (eye) Dental – Root canal with Cap limited to Rs. 7,000/- per tooth. (other dental treatment is excluded unless necessitated by any accident)
15	Change of Pathy to be allowed	The Policy should cover the Change of one pathy to another on recommendation of the treating doctor
16	Cover are extended for list of Diseases / ailments	Cover are extended towards the following treatments without any cap subject to the limit of sum Insured: a) External Counter Pulsation (ECP/EECP) b) Choroidal Neo Vascular Membrane. c) Rotational Field Quantum Magnetic Resonance (RFQMR) e) Sleep apnea f) Treatment of wet type of ARMD (Age related macular degeneration) including Lucentis / Avastin access solution. g) Chemotherapy (covering Oral Chemotherapy) including targeted therapy.
17	TPA engaged by Insurers	The Insurance company has appointed M/s ParamountHealth Services & Insurance TPA Pvt. Ltd, as TPA for providing necessary cash less services under the policy. Member may contact TPA at following address and phone no.s given below : Paramount Health Services & Insurance TPA Pvt. Plot No. A-442, Road No-28, Wagle Estate, Ram Nagar, Thane West - 400604 Contact person name: 1.ArпитаPednekar

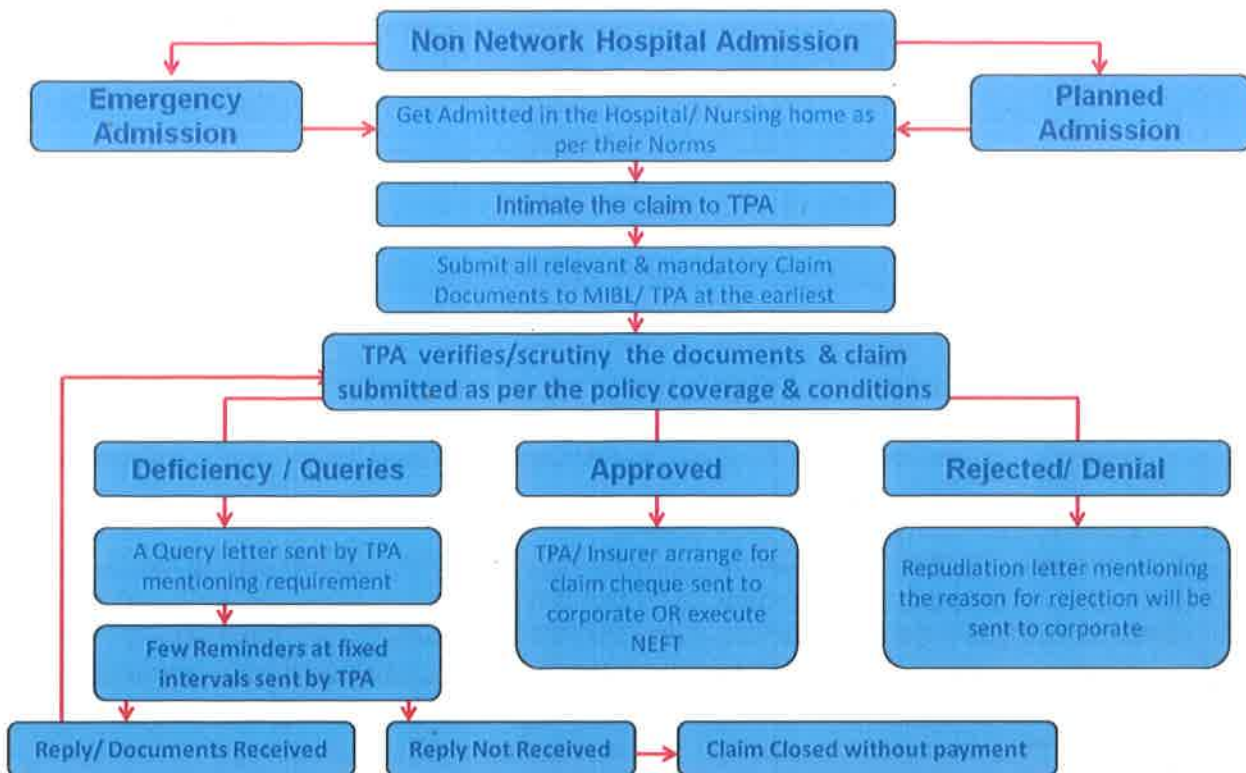
Paramount

		Contact nos. Direct contact: 022-68342845 Mobile no. 7710041051 2. Bhushan Kharat Contact nos. Direct contact: 022 66444728 Mobile no. 7718883461 Website: www.paramounttpa.com
18	Cash-less in TPA empanelled Hospitals' / NH	The bill for admissible Hospitalization expenses in the listed panel hospitals of TPA, shall be paid directly to the hospital by the TPA to be engaged by the insurance company.
19	Issue of ID Cards to by TPA / extend Cash-less facility	TPA will issue Identity Cards to the retired Executives & spouse insured under the Gr. Health Policy. 'Cash-less' hospitalization to the beneficiaries in the listed hospitals in the Cities and Towns all over India. The detail procedures are followed by the insured to avail 'cash-less' hospitalization facilities.
20	Time frame of Reimbursement claims in non-panel hospitals / NH	Intimation of hospitalization in non-panel hospital with full particulars shall be given by the insured to the TPA / insurance company within 30 days from the Date of Discharge. In exceptional circumstances, Insurance Company may have to waive the time limit on merit of the case and recommendation of MDL.
21	Time frame of Pre & Post hospitalization Claim submission	The time limit for submission of claim for reimbursement of hospital / NH expenses and pre / post hospitalization shall be 2 months from the Date of Discharge. In exceptional circumstances & cases of continuing treatments Insurance Company may have to waive the time limit on merit of the case and recommendation of MDL.
22	Time frame for claim settlement.	The insurance company will ensure that the insured retired Non-Executives / Spouse hospitalization expenses and / or pre / post hospitalization expenses are settled by the TPA within one month (30 days) of submission of the same along with all required claim documents by insured retired non-executives / spouse to the TPA.

Claim Procedure: In case of panel hospitals, the claims are cashless which require intimation to be sent to the TPA. The employee needs to carry the TPA ID Card and Photo ID proof (Pan card or Adhaar Card). In case of non panel hospitals, claims are reimbursed and need to be submitted within one month of discharge with all original bills and reports.

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Special Disease: For diseases mentioned under the head special disease in CMD circular CH/128/2014, after the exhaustion of the entire eligibility amount, original bills with application and forms (attached in Annexure), is to be submitted to HR SBC which is then put up for approval and reimbursed. This facility is applicable to only those covered under Floater Policy.

3. Residual Sum Insured Medical Scheme

Eligibility:

All retired executives who have retired after 01.01.2007 and not completed 15 years of continuous service in PSUs and those non-executives who have retired prior to 01.01.2017 are covered in this scheme. The sum insured amount for each employee is issued one time and the remaining amount is renewed each year till the sum exhausts, hence the name Residual Sum insured policy. The initial sum insured varies from Rs.2.5 lacs to Rs. 5.0 lacs. The claim procedure remains same in this policy as above. The policy covers hospitalization including Day care admission anywhere in India, but excludes OPD treatment. The insurance company will reimburse medical expenses covering a period of 1 month (30 days) prior to hospitalization and 2 months (60 days) for post hospitalization period.

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1	All retired employees retired before 01.01.2017 shall be covered under Post Retirement Benefit Insurance Policy for balance Sum Assured.
2	There shall be no medical check-up for the retired employees and their spouse for their inclusion in the policy while renewal of policies.
3	There will be no exclusion for coverage of employees / spouse to be insured under the policy due to pre-existing diseases.
4	The Insurance Policy will be applicable for hospitalization including Day care admission anywhere in India, but excludes OPD treatment. The insurance company will reimburse medical expenses covering a period of 1 month (30 days) prior to hospitalization and 2 months (60 days) for post hospitalization period.
5	There shall be no limit on the expenses reimbursed / payable per Hospitalization per illness to the extent of Sum Assured during the period of coverage of Policy as admissible under the Policy.
6	The bill for hospitalization expenses incurred in the listed panel hospitals of the TPA, shall be paid directly to the hospital by the TPA.
7	TPA will issue Identity Cards to the employees and the spouses and ensure the cashless hospitalization to the beneficiaries in the listed hospitals in the cities and Towns all over India.
8	Intimation of hospitalization in non-panel hospitals with full particulars shall be given by an insured to the TPA / insurance company within 30 days from the Date of Discharge. In exceptional circumstances, the Insurance Company shall have to waive the time limit on merit of the case and recommendation of MDL.
9	The time limit for submission of claims for reimbursement of hospitalization and pre / post hospitalization shall be within 2 months of Date of Discharge. In exceptional circumstances, the Insurance Company shall have to waive the time limit on merit of the case and recommendation of MDL.
10	There will be no age bar criteria for insured person. The policy is applicable till the amount is exhausted or till the person is alive.
11	Insurance companies will ensure that insured employee's hospitalization and or insured employee's pre / post hospitalization are settled by the TPA within one month of submission of the same along with all required documents by the insured employee to the TPA.

***Life certificate is to be submitted each year in the month of December to Paramount TPA to ensure renewal of your policy. Jeevan praman certificate or MDL format with spouse signature and details will be accepted. Soft copy can be mailed to Paramount TPA.**

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CHAPTER III

Pension Scheme

Mazagon Dock Shipbuilders Ltd has two different Contributory Pension schemes for its retired employees alongwith the statutory EPS Pension Scheme.

1. **Executives:** Mazagon Dock Executive Contributory Superannuation (Pension) Scheme (MDEDCSPS)
2. **Non-Executives:** Mazagon Dock Non-Executive Contributory Superannuation (Pension) Scheme (MDNEDCSPS)

Both schemes are governed by two different Trusts viz. Mazagon Dock Executive Contributory Superannuation (Pension) Trust and Mazagon Dock Non-Executive Contributory Superannuation (Pension) Trust.

Mazagon Dock Executive Contributory Superannuation (Pension) Scheme(MDEDCSPS)

Company contributes 7% of basic and DA to the Superannuation Pension Scheme. Employee contribution goes to National Pension Scheme. The annuity is bought from the best annuity provider giving competitive rate with various options by combining MDEDCSPS and NPS. Blank Life certificate is sent by the Insurance company as per terms and conditions of Annuity Plan

Mazagon Dock Non-Executive Defined Contributory Superannuation Pension Scheme (MDEDCSPS)

Company contributes 5% of basic and DA to the Superannuation Pension Scheme. Employee contribution goes to National Pension Scheme. The annuity is bought from the best annuity provider giving competitive rate with various options by combining MDEDCSPS and NPS. Life certificate is sent by the Insurance company as per terms and conditions of Annuity Plan

NPS is the Annuity provider for the above two Pension Schemes. Also the major highlight of opting NPS is the tax benefit and various options it offers to the employees while drawing pension.

Employee Pension Scheme affiliated to EPFO

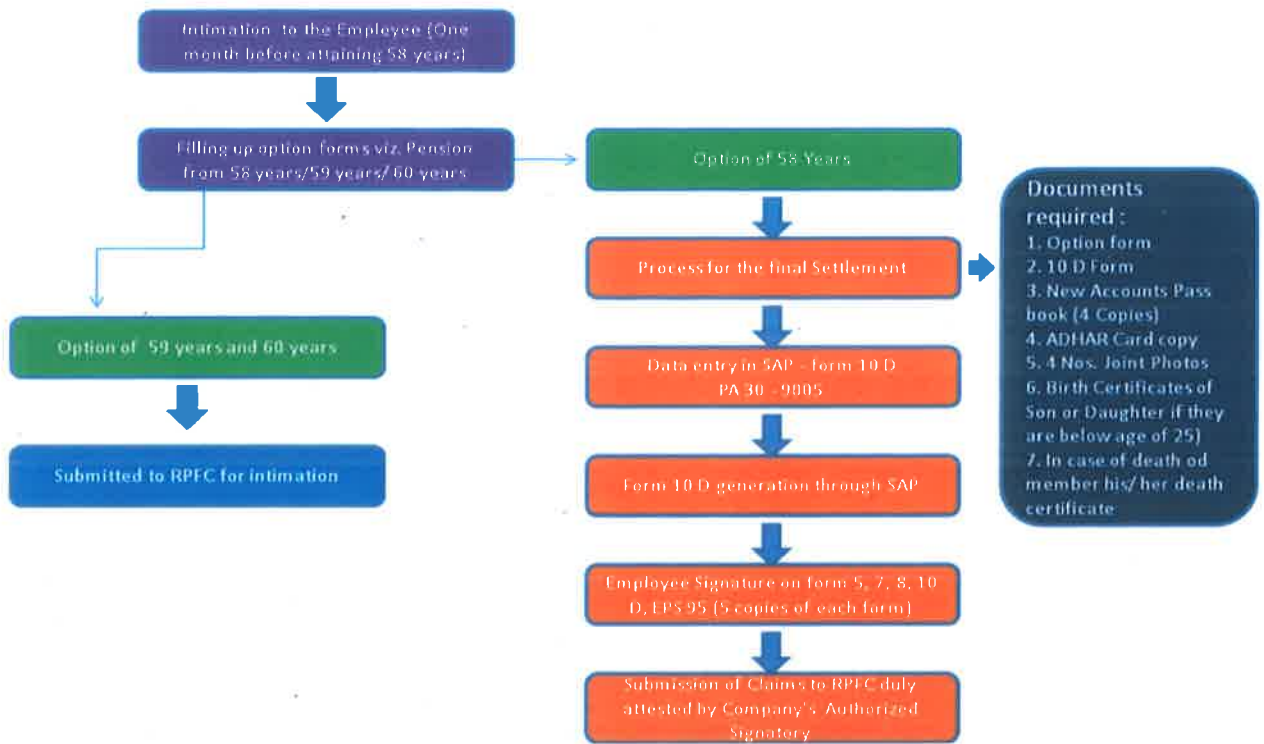
Arjun Kumar

Company contributes 12% of basic and DA to the Provident Fund out of which 8.33% goes to EPFO for Employee Pension Scheme. The annuity is provided by EPFO.

FORMS to be filled for getting various benefits attached in the forms section

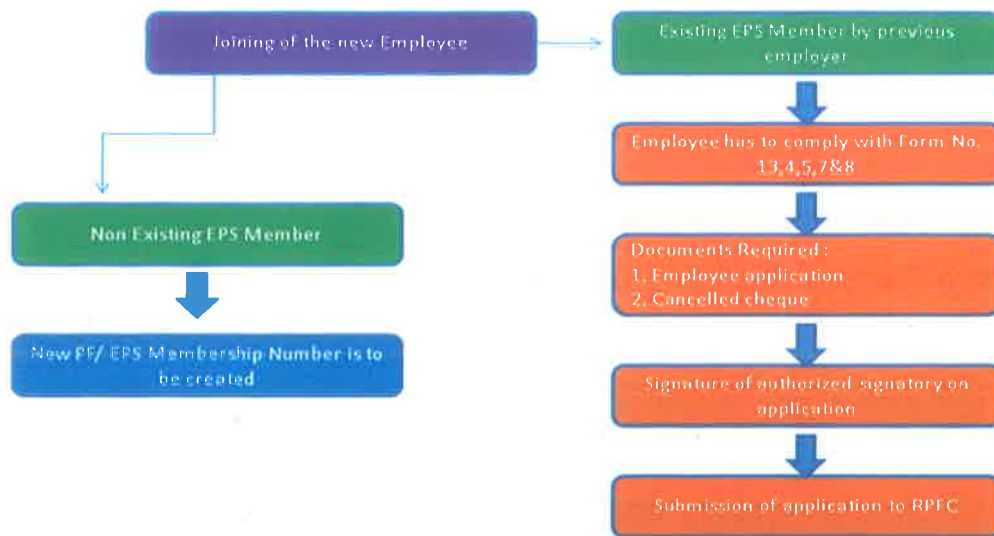
EPS PENSION SCHEME

SOP- Settlement of Pension Claims



Chandru

SOP- Transfer of Pension



Pranav

CHAPTER IV

Contact Numbers

1. PRMS Related/ PENSION RELATED (EPS/Contributory Pension Scheme)

Mazagon Dock Shipbuilders Ltd:

1. Mrs. Kalpana Parate, DGM (HR- SBC)

022-23764166

Email ID: kmparate@mazadock.com

2. Mrs. Leena Mali, AM(HR-SBC)

022-23764128

Email ID: lhmahajan@mazadock.com

3. PRMS Cell: 022-23764127,022-23764131

4. Pension Cell: 022-23764131

Paramount TPA:

First Level SPOC:1. Mr. Bhushan Kharat

Mob no: 7718883461

Email ID: bhushan.kharat@paramounttpa.com

2. Ms. Mayuri Rasal

Mob no :7710041051

Email ID: mayuri.rasal@paramounttpa.com

3. Ms. Rupali More

Mob no: 9136972129

Email ID: rupali.more@paramounttpa.com

Second Level SPOC: Mr.Sanjay Kadam

Mob no: 7498249911

Email ID: mayuri.palande@paramounttpa.com

Escalation: Mr.AmitabhNaidu, Vice

Mob no: 9322882512

Email ID: amitabh.naidu@paramounttpa.com

HR SBC CELL: hrrsbc@mazadock.com

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CHAPTER V

Forms

Forms

Sr.No	Form Description	Form no.	Time to be submitted
1.	TPA ID Card	1	One month before retirement to Paramount
2.	MDEPRMS Membership Form	2	One month before retirement
3.	EPS option form	3	On attaining 58 years of age
4.	Family Pension Filing Format	4	One month before retirement
5.	Security ID Card	5	Fifteen Days before retirement
6.	NPS Exit Form	6	At the time of retirement
7.	Special Disease Claim Application	7	In case of special disease after exhaustion of Sum Insured
8	OPD Claim form	8	Half yearly (Every July and January)

Paramount

TICKET NO. -

PRO-FORMA FOR ISSUANCE OF TPA CARD:

1. Name: _____

2. DOB: _____

3. Contact no: _____

4. Email-ID: _____

5. Spouse name: _____

6. Spouse DOB: _____

7. Contact no: _____

8. Email-ID: _____

9. Address: _____

Along with the above mentioned information below mentioned documents needs to be attached: -

1. Id proof : Aadhar card & Pan card (self & spouse)
2. Separate recent photo (self & spouse)
3. Life certificate (self & spouse)

point of contact for submission of documents:

- Arpita pednekar - 022-66620845/728
- Bhushan kharat - 022-66620845/72

Bhushan Kharat

माझगांव डॉक शिपबिल्डर्स लिमिटेड/ Mazagon Dock Shipbuilders Limited

माझगांव डॉक अधिकारियों का सेवानिवृत्त पश्चात चिकित्सा योजना/ Mazagon Dock Executives

Post Retirement Medical Scheme

घोषणा प्रपत्र (एमडीईपीआरएमएस) - 2014

(MDERRMS) - 2014 DECLARATION FORM

अधिकारी का नाम ----- कर्म.आईडी सं -----
NAME OF EXECUTIVE EMP ID NO

जन्म तिथि ----- सेवानिवृत्त: ----- के पद पर निवृत्त
DATE OF BIRTH DATE OF RETIREMENT RETIRED AS

पति-पत्नी का नाम----- पति-पत्नी का जन्म तिथि-----
NAME OF SPOUSE DATE OF BIRTH OF SPOUSE

शारीरिक रूप से विकलांग आश्रित बच्चे का नाम -----
NAME OF PHYSICALLY CHALLENGED DEPENDENT CHILD

बच्चे का जन्म तिथि ----- विकलांगता का प्रकार -----
DOB OF CHILD TYPE OF DISABILITY

वर्तमान पता ----- पत्राचार पता -----

मोबाईल नं: ----- वैकल्पिक मोबाईल नं: -----
MOBILE NO ALTERNATE MOBILE NO

ई-मेल आईडी ----- वैकल्पिक ई-मेल आईडी -----
EMAIL ID ALTERNATE EMAIL ID

एमडीएल में नामांकित व्यक्ति का नाम ----- कर्म.आईडी सं -----
NAME OF THE NOMINATED PERSON IN MDL EMP ID NO

नामांकित व्यक्ति का पदनाम ----- मोबाईल नं: -----
DESIGNATION OF THE NOMINATED PERSON MOBILE NO

बैंक का ब्योरा (यदि कोई परिवर्तन हो तो भरा जाए):

BANK DETAILS (TO BE FILLED IF ANY CHANGE)

बैंक का नाम एवं पता: -----

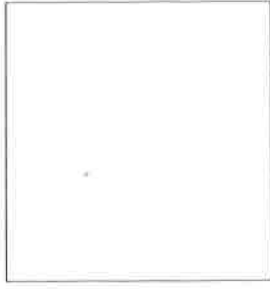
----- खाता सं -----

आईएफएससी कोड: ----- एमआईसीआर कोड: -----

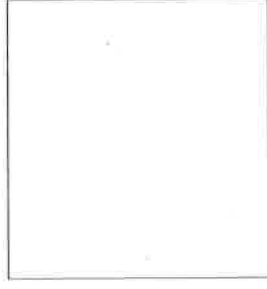
NAME & ADDRESS OF THE BANK: ----- ACCOUNT NO: -----

-----IFSC CODE: ----- MICR CODE: -----

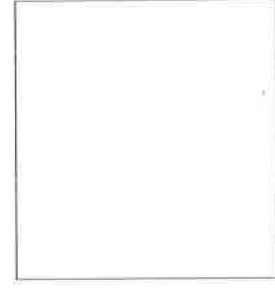
फोटोग्राफ जोड़े एवं फोटोग्राफ पर हस्ताक्षर करें



कर्मचारी
EMPLOYEE



पति-पत्नी
SPOUSE



आश्रित बच्चा
DEPENDENT CHILD

सदस्यता शुल्क/ membership fees:

राशि ----- डीडी सं : ----- डीडी दिनांक -----
AMOUNT DD NO DD DATE

"माझगांव डॉक शिपबिल्डर्स लिमिटेड" मुंबई के पक्ष में डीडी

DD in favour of "mazagon dock shipbuilders ltd" mumbai

संलग्नक/ATTACHEMENTS : 1. निरस्त चेक/ CANCELLED CHEQUE

2. शारीरिक रूप से विकलांग आश्रित बच्चे का प्रमाण पत्र/ CERTIFICATE OF PHYSICALLY CHALLENGED DEPENDANT CHILD

3. "माझगांव डॉक शिपबिल्डर्स लिमिटेड" मुंबई के पक्ष में डिमांड ड्राफ्ट/ DEMAND DRAFT IN FAVOUR OF "MAZAGON DOCK SHIPBUILDERS LTD" MUMBAI

4. -----

घोषणा/ Declaration

मैं अधोहस्ताक्षरित -----, कर्मचारी आईडी सं -----
एमडीएल सेवा से दिनांक ----- से ----- पद से सेवा निवृत्त
हुआ हूँ। मैं एतद्वारा, यह घोषणा करता हूँ कि मैं/ मेरे/मेरी पति-पत्नी सरकारी/ सरकारी संगठन/ सार्वजनिक
क्षेत्र कंपनियों से कोई चिकित्सा लाभ नहीं ले रहे हैं और एमडीईपीआरएमएस - 2014 में सदस्य बनने के लिए
इच्छुक हूँ। आगे, मैं यह भी घोषणा करता हूँ कि मेरे, मेरे पति-पत्नी एवं शारीरिक रूप से विकलांग आश्रित बच्चे
का जीवित प्रमाण पत्र प्रति वर्ष 31 दिसंबर के पहले इस योजना के अंतर्गत लाभ प्राप्त करने के लिए जमा
करूंगा/करुंगी।

उपरोक्त दी गई सूचना मेरी जानकारी और विश्वास के अनुसार सही है।

I undersigned _____, EMP ID No _____, retired from MDL
services w.e.f _____ as _____. I hereby, declare that, I am / my
spouse is not availing Medical Benefits from any Government/ Government Organization/ Public
Sector companies and intend to join MDEPRMS-2014. Further, I declare that I will submit life
certificate in respect of Self, Spouse & Physically challenged Dependant Child before 31st December
every year to continue availing benefits under the scheme.

The information submitted above is true to best of my knowledge & belief.

कर्मचारी का हस्ताक्षर

SINGNATURE OF THE EMPLOYEE

(Handwritten signature)

Name: _____

Address: _____

Date: _____

To
Asst.PF Commissioner (Pension)
341, Bhavishya Nidhi Bhavan
Bandra (East) Mumbai-400051

Ref: EPS A/c No.MH/437/_____ UAN No: _____

Sub: Option to obtain EPS-1995 Pension after completion age of 58/60 Year

Dear Sir,

I undersigned Shri _____ T.No. _____ employee of Mazagon
Dock Shipbuilders Limited Dock Yard Road, Mumbai-400 010. Working since _____ &
my date of Birth is _____.

I wish to opt the option as per New per Gazette Notification G.S.R.440(E) dtd 25.04.2018 on the benefit of 4% or 8.16% increase in Pension amount after completion of Superannuation as below.

1. I am NOT willing to avail the above option and process my case after completion of
58 Years (tick mark appropriate box)

OR

2.I am giving option to avail the EPS-95 pension **with contribution** after completed age of
59 years or 60 years (tick mark appropriate box)

OR

3. I am giving option to avail the EPS-95 pension **without contribution** after completed age of
59 years or 60 years (Tick mark appropriate box)

The option once given will not be changed by me.

Please make necessary changes in your records.

Thanking you,

With regards

Signature: _____

Name: _____

Contact No: _____



Ticket No :

Dept :

Extn No :

MAZAGON DOCK SHIPBUILDERS LIMITED
APPLICATION FOR FAMILY PENSION (EPS-1995)

1)	Name of the Member :		
	Father's / Husband's Name :		
	Date of Birth :	Date of Exit :	Reason :

2)	Identification Marks :					
	Height :					

3)	Address for communication :					
	State:	Pin Code :	Mob No :			

4)	Family Particulars :					
	(As per Para 2 (vii) of EPS 95 Family means : Wife/Husband/Son & Daughter)					

Sr.No.	Name of Family Member	Date of Birth	Relation	Marital Status
1				
2				
3				
4				
5				

5) **Documents in case of Superannuation/VRS/Dismissed/Resigned/Retired**

A) Single Bank Account/ joint account with spouse : **State Bank of India, Bank of India & Punjab National Bank.**
(3 Xerox copy of Bank Pass Book)

B) Birth date Proof certificates of children (below 25 years of age) Original (for sopt verification)
and **three** Xerox copies (each). Certificates must be issued by school (e.g.School Leaving / Bonafied)/
Municipal Atuthority or Gram Panchayat.

C) Recent Joint photographs with Spouse- - **3 Photos (Size 2" x 2.5")**

D) Self attested Pan card and Adhar card Copy of **One** each.

Bank Account Details

1	Name of Account Holder :		
2	Account No :		
3	Bank Name :		
4	Branch Name :	IFSC Code :	
5	Bank Address :		
	State :	Pin Code :	Phone No.

Signature of Claimant :



माझगांव डॉक शिपबिल्डर्स लिमिटेड

ज. नि. मा. स. एवं क .सं /I Card / T.No.

ज. नि. मा. स. एवं क .सं विभाग

दिनांक: :

नाम :
पदनाम :
टि. सं :

विषय : सेवा सह पहचान पत्र

एमडीएल सेवा से दिनांक 31/05/2019 को कार्य समाप्ति पर आप के सेवा निवृत्त होने के संबंध में आप से निवेदन है कि निम्नलिखित विवरण के साथ (अ) २ की संख्या में पहचान पत्र आकार का नीला बैकग्राउंड स्पष्ट फोटो (ब) आप का नमूना हस्ताक्षर (झेरोक्स कागज पर काला स्केच पेन से लिखा हुआ) सेवा निवृत्ति दिनांक से 15 दिन पहले सुरक्षा विभाग के पास जारी एकक में भेज दें ताकि आप का सेवा सह पहचान पत्र पहले ही तैयार किया जा सके।

नाम	:	
पदनाम	:	
टि. सं	:	
जन्म दिनांक	:	
नियुक्ति दिनांक	:	
सेवा निवृत्ति दिनांक	:	
रक्त समूह	:	
संबंधी का नाम और संपर्क टेली. सं. (आकस्मिक दशा में)	:	

प्रबंधक (ज. नि. -मा. स. एवं क .सं)



NATIONAL PENSION SYSTEM (NPS)

Exit from National Pension System Due to Superannuation/Incapacitation

Claim ID
To,
NPS Trust,
Sir/Madam,

Acknowledgement No

recent colour
photograph of
3.5 cm x 2.5 cm size /
Passport size

_____ hereby apply for the payment of the accumulated pension wealth in my NPS Tier-I account as per the relevant provisions of the PFRDA (Exits and withdrawals under NPS) Regulations, 2015 as amended.

Tier II:- The entire accumulated pension wealth in Tier II account would be paid along with lumpsum withdrawal of Tier I account.

I herewith give below the necessary details:

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Signature / Thumb Impression*
of the Subscriber

Sr.No	Particular	Remarks
Section A - Subscriber's Personal Details		
	Subscriber Sector*	1. Govt. Sector 2. All India citizens/corporate 3. NPS Lite / GDS
1.	Organisation Name* (PAO/DTO/CHO/NLAO Name)	
2.	PRAN*	
3.	Full Name*	First Middle Last
4.	Subscriber Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/>
5.	Father's Name*	First Middle Last
6.	Marital Status*	Married <input type="checkbox"/> Unmarried/Others <input type="checkbox"/>
7.	Maiden Name (In case of female married subscriber)	First Middle Last
8.	Spouse's Name (only if subscriber is married & spouse is alive)	First Middle Last
9.	Spouse Gender (only if subscriber is married & spouse is alive)	Male <input type="checkbox"/> Female <input type="checkbox"/>
10.	Date of Retirement / attaining 60 / 65 years of age / Discharge (In case of Incapacitation)*	DD / MM / YYYY
11.	Date of Birth (As in PRAN Card)*	DD / MM / YYYY
12.	Aadhar/VID	
13.	PAN*	
14.	CKYC Number	
15.	Are you a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Are you related to a Politically Exposed Person (PEP)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Do you have any history of conviction under any criminal proceedings in India or abroad?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please provide details	
18.	Contact details	Mobile number* : +91 Alternate phone number : E-mail ID* :
19.	Subscriber's full address with pin code* (Please refer instruction No. 9 for documents to be submitted)	

Section B - Subscriber's Bank Details - (Please refer instruction No. 7)		
20.	Bank Account Number*# :	
21.	Bank Name*	
22.	Bank Branch Name and Address : The monthly pension and lump sum amount would be deposited into this account and hence fill in all the details carefully.*	
23.	IFSC Code (attach a cancelled cheque leaf or copy of bank passbook/bank certificate containing IFSC code)*	

Fields marked with * are mandatory. # Should be same where last salary credited in case of Government sector/Corporate sector subscribers

Section C - Subscriber's Withdrawal Details - (Please refer instruction No. 8)		
On attaining superannuation or attaining 60 / 65 years of age or superannuation due to Incapacitation		
a)	Would you like to withdraw full amount (if less than or equal to 2 Lakh/1 Lakh (NPS Lite))	Yes <input type="checkbox"/> No <input type="checkbox"/>
	or	
b)	Would you like to have normal Withdrawal (Lump sum & Annuity Withdrawal)*	Yes <input type="checkbox"/> No <input type="checkbox"/>
	or	
c)	Would you like to opt for Withdrawal of Deferred Corpus*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Lump Sum Withdrawal <input type="checkbox"/> Annuity Withdrawal <input type="checkbox"/>	
	or	
d)	Would you like to opt for Phase withdrawal : Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Enter Withdrawal amount <input type="text"/> Withdraw total holdings <input type="checkbox"/>	
* Please provide the Percentage of corpus that you wish to opt for lump sum withdrawals and purchase of annuity		
% of corpus opted for lump sum withdrawal (Max 60%)	Percentage of corpus opted for purchase of annuity (Min 40%)	Total (100%)

Bansari

Section D - Subscriber's Annuity Details - (Please refer instruction No. 12 & 13) (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

Select Annuity Service Provider (please tick one of the below options as per your choice)

- Life Insurance Corporation of India
 HDFC Life Insurance Company Ltd
 ICICI Prudential Life Insurance
 SBI Life Insurance Company Ltd
 Star Union Dai-ichi Life Insurance Company Limited

Select Annuity Scheme (please tick one of the below options as per your choice)

- Annuity for Life
 Annuity for Life with return of purchase price on death
 Annuity payable for life with 100% annuity payable to spouse on death of annuitant
 Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity
 NPS-Family Income option (Default annuity)
 Other (Please Specify)

Select Annuity Frequency: Please tick one of the below options as per your choice. (For Government Subscriber, annuity frequency is monthly only)

- Monthly
 Quarterly
 Half Yearly
 Annual

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken

Section E - Subscriber's Nomination Details*

Nomination Details: Applicable to those eligible sums as per regulations. Nominee must be immediate family member of subscriber (Spouse, Children etc) in general except for exceptions as provided in Regulations.	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)
	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)
	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)
	Name : Relationship : Percentage Share: Date of Birth of Nominee (Only in case of minor) : DD / MM / YYYY Guardian Name (Only in case of minor) Guardian DOB (Only in case of minor) Address & Contact Details : Guardian Signature (Only in case of minor)

Section F - Subscriber's Family Member Details* (To be filled in case subscriber has selected Joint Life Policy or NPS-Family Income option)

Family Member Details for providing annuity as chosen by the subscriber:

Sr.No	Details	Full Name	Aadhar/MID	PAN ^s	Date of Birth
1.	Spouse*				DD / MM / YYYY
2.	Dependent Mother (if living)				DD / MM / YYYY
3.	Dependent Father (if living)				DD / MM / YYYY
4.	Child 1 (if living)				DD / MM / YYYY
5.	Child 2 (if living)				DD / MM / YYYY
6.	Child 3 (if living)				DD / MM / YYYY

Note: In case of children being more than 3, please specify in an additional sheet.

Fields marked with* are mandatory.

*Mandatory in case subscriber opts for Joint Life Policy & NPS-Family Income option.

Bansari

Declaration by the Subscriber

I hereby declare and state that all the personal details provided by me in the form as above are true and correct to the best of my knowledge. I also agree that NPS Trust / CRA shall not be held responsible/liable for any losses or delays that may arise due to provision of incorrect details including details pertaining to bank account by me. Further, I authorize the National Pension System Trust (NPST)/ CRA to share informations pertaining to my withdrawal application with the Annuity Service Providers for facilitating the purchase of annuity in applicable cases as is required under NPS.

Date : DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Declaration by the Proposer: (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

I hereby declare that the foregoing statements and informations have been given by me after fully understanding the questions and the annuity options and the same are true, accurate and complete in every manner and respects and that I have not withheld or omitted to give any material information. I understand and agree that the statements in this proposal constitute warranties. I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and Annuity Service Provider (Company) and that if there be any misstatement or suppression of material information or if any untrue statement is contained therein or in case of fraud by me, which comes to the knowledge of the company at any future point of time, the said contract shall be treated as per provisions of Section 45 of the Insurance Act 1938 or any other applicable provisions as amended from time to time.

I also understand and agree that the company shall additionally levy or recover all the applicable taxes like service tax, surcharges, cess etc. from the premiums which are necessitated by various enactments of central and/or state legislatures from time to time.

I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other applicable laws in India and that the contract will not commence until a written acceptance of this proposal is issued by the company and that the benefits under the policy shall be subject to the terms and conditions contained in the contract. I also agree that the amount held in proposal/policy deposit shall not earn any interest.

I further state that the product features and terms and conditions of the policy have been thoroughly explained to me and having understood, I consent to the same.

I further understand that the final annuity amount would be subject to the actual corpus value to be utilised for purchase of annuity at the time of its issuance. I also acknowledge and agree that the funds will not be returned to me in case I choose to cancel the policy under free look period. These funds will be payable by company directly to any other annuity scheme chosen by me which is authorized and approved under the prevalent regulations and applicable rules. Further, no interest will be payable to me on the funds held during this transition period.

I hereby authorize company to send information and servicing related communication regarding this proposal or resulting policy through Email/SMS/Phone Call.

I hereby authorize the company to provide me/our details to banks, financial institutions and third party service providers that the company may have lie-ups with, for verification of proposal details and for servicing of policies.

Signature of the witness

Signature / Left thumb Impression of the Proposer

Affix a recent self signed photograph

Name and Address of witness: _____

Place: _____

Date: DD / MM / YYYY

Declaration when Proposal form is filled by person other than proposer/proposer signs in a vernacular language/proposer is illiterate (Not to be filled in case of complete withdrawal, Withdrawal of Deferred Lump Sum Corpus & phase withdrawal)

I hereby state that I have read out and explained the contents of this proposal form and all other relevant documents to the proposer in _____ language, he/she/they have understood the same and agree to abide by the terms and conditions of the resulting policy and have affixed his/her/their signature/thumb impression on the proposal form in my presence.

I/We state that the product details, contents of this form and relevant documents have been fully explained to me/us and that I/We have fully understood them. I/We certify that the replies in the proposal form have been recorded as per the information provided by me/us.

Signature of the person making the declaration

Name & Address _____

Signature / Left thumb Impression of the Proposer

Place _____ Date: DD / MM / YYYY

Handwritten signature in blue ink

Section G - Declaration & Attestation by Nodal Office

TO BE FILLED/ATTESTED BY DDO/PAO/POP-SP

- I/we have verified the documents as submitted by the Subscriber with the originals and authorized this application for processing of the subject claim of the subscriber. It is certified that the details as provided in this application form are matching with the information available in the official record maintained by us. The complete information provided in this form including declaration and nomination details have been provided by the Subscriber Sh/Smt/Ms. _____ after he / she having read the entries / entries have been read over to him / her by me and got confirmed by him / her.
- That all the contributions with respect to the Subscriber's NPS contribution and employer contribution have been transferred in to the PRAN of the subscriber and no further contributions are pending at Nodal Officer level. (only for government nodal office)
- That Identity of the Subscriber is certified as provided in the withdrawal form above. The name of Subscriber as mentioned on the withdrawal form has been verified and can be accepted as final.
- It is certified that the bank account (Salary Account) details provided in the form is as per the salary records maintained in our office. The bank account details (salary account) of subscriber as provided in bank details section have been checked and verified and the same can be accepted for payment. (only for government nodal office).
- We hereby certify that the subscriber has been discharged from the services of the concerned office on account of invalidation or disability (in case of Govt. Subscriber). We hereby certify that we have checked Disability Certificate issued by Government Surgeon or Doctor stating the nature and extent of disability (in case of Non Govt. Subscriber) [applicable in case of Withdrawal due to incapacitation only]

Rubber Stamp of the DDO/POP-SP/NLCC

Signature of the Authorised Person

DDO/POP-SP/NLCC Registration Number _____

Designation of the Authorised Person: _____ DDO/POP-SP/NLCC Office Name: _____

Date DD / MM / YYYY

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the Authorised Person

DTO/PAO/POP/Aggregator Registration Number _____

Designation of the Authorised Person: _____ DTO/PAO/POP/Aggregator Office Name: _____

Date DD / MM / YYYY

[As per Regulation 3(a)/4(a)/5(a) of PFRDA (Exits and Withdrawals) under the Regulations, 2015]
(To be filled in case of complete withdrawal)

Request cum under taking form for withdrawal of total pension wealth at superannuation and where the total pension wealth is equal to or less than Rs. 2,00,000/- for NPS subscriber and Rs. 1,00,000/- in case of NPS lite Subscriber respectively

I, _____ S/D/W/o _____, aged about _____ years,

residing at _____ do hereby solemnly affirm and declare as under:

- That I am a Subscriber of National Pension System, holding PRAN _____
- That since the total amount receivable by me as the benefit receivable upon exit from NPS is Rs. _____ which is less than/equal to the limit of Rs. 2,00,000/- (Rs. 1,00,000/- for NPS Lite), I understand that I am eligible to opt for withdrawal of the total pension wealth under NPS rules/guidelines.

Basing on the above, I hereby opt to withdraw my complete pension wealth lying to my credit in my aforesaid PRAN account being the full and final benefits receivable by me.

I also understand that with the aforesaid withdrawal, I or my family members shall not be entitled to receive any other or further benefits under the National Pension System (NPS) including the benefits as provided under PFRDA (Exits and Withdrawals under the National Pension System) Regulations 2015.

I also certify that all the details provided in the form above are true and correct to the best of my knowledge.

Date: DD / MM / YYYY

* Signature/Thumb Impression of the Subscriber

*In case of female right thumb Impression and in case of male left thumb Impression may be taken.

Rubber Stamp of the DDO/POP-SP/ NLCC

Signature of the DDO/POP-SP/ NLCC

Date DD / MM / YYYY
Registration No. of DDO/POP-SP/ NLCC

Rubber Stamp of the DTO/PAO/POP/Aggregator

Signature of the DTO/PAO/POP/Aggregator

Date DD / MM / YYYY
Registration No. of DTO/PAO/POP/Aggregator

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INSTRUCTIONS FOR FILLING FORM

This application should be filled by the Subscriber seeking to withdraw pension wealth benefits upon Superannuation or attaining 60 / 65 years of age

General Instructions:

1. As per NPS Trust directive, Withdrawal of benefits from NPS account will not be allowed if NPS subscribers registered on or after July 1, 2014 are NOT FATCA compliant. Hence, subscribers are requested to provide FATCA Self-Certification online by log-in to NPS Account (www.cra-nsdl.com). Alternatively subscriber can submit FATCA Self Certification to their Nodal Office.
2. As per amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017, Withdrawal of benefits from NPS account will not be allowed if Aadhaar and PAN are not seeded into PRAN. Subscribers are requested to seed their Aadhaar and PAN into NPS account before initiating withdrawal request (Aadhaar not mandatory till Hon'ble supreme court order)
- 3a. It is advisable that subscriber fills in the Exit/Withdrawal form online and takes a print out of online form and submits it to the nodal office/POP along with KYC document for further approval/processing. However, he/she has the option to submit the physical form to his nodal office/POP. The nodal office has to compulsorily submit the form in online mode only. Physical forms submitted to CRA will not be processed.
- 3b. Subscriber (other than government sector & Corporate) has an option to initiate a self-authorization using Aadhaar. This facility will be available only if the NPS pension wealth is below threshold limit as prescribed in PFRDA (Exits and Withdrawals under National Pension System) Regulation 2015 or circular issued by the authority.
4. All the columns in the form should be filled with black ink pen without any overwriting.
5. Fields marked with (*) are mandatory.
6. Correct postal address, including the pin code should be provided.
7. Documents to be enclosed with withdrawal application form:
 - i. Copy of the Address proof attested by the Nodal Office in support of the address provided on the withdrawal form. The address on the withdrawal form should match with address present on the address proof.
 - ii. Copy of the Identity proof attested by the Nodal Office.
 - iii. Copy of PRAN card (Not required in case of Government Sector Subscriber) If Copy of PRAN Card is not available, print out of ePRAN or submit a duly notarized Affidavit as to the reasons of non-submission of the PRAN card.
 - iv. Cancelled cheque (containing Subscriber Name, Bank Account Number and IFSC Code) or Bank Certificate/ Bank Passbook Containing Name, Bank Account Number and IFSC code, for direct credit or electronic transfer.
8. Withdrawal preference:
 - i. Select the Withdrawal preference as Normal withdrawal or Complete Withdrawal (if accumulated NPS wealth is less than or equal to Rs. 2 lacs/Rs. 1 lacs (For NPS Lite Subscribers)).
 - ii. If subscriber selects the Normal withdrawal option, he/she needs to fill up percentage of allocation for amount to be withdrawn as Lump-sum and amount to purchase life annuity provided under Section C the Form.
 - iii. If subscriber selects deferred withdrawal option, he/she can defer the lump sum withdrawal amount up to 70 years of age while annuity purchase can be deferred up to 3 years from the date of attainment of superannuation. In case of deferment as well, the subscriber needs to fill up percentage of allocation for amount to be withdrawn as Lump-sum and amount to purchase life annuity provided under Section C of the Form.
 - iv. In case of percentage of withdrawal is not provided by the subscriber, a default 60% of the accumulated pension wealth shall be paid as lump sum to the subscriber and rest 40% of the amount shall be utilised for annuity purchase.
 - v. The subscriber needs to provide the Annuity details under Section D-Annuity Details, in case of Normal withdrawal or Deferred withdrawal. The selection of Annuity scheme and Annuity Service Provider is mandatory.
 - vi. The subscriber availing the complete withdrawal option (where the accumulated amount at superannuation is less than Rs. 2 lacs/ Rs.1 lacs (For NPS Lite Subscribers)) shall leave the Annuity Details section and Subscriber Family Member Details section blank and fill up Request Cum Undertaking Form provided along with the Form.
 - vii. In case of death of subscriber during deferment period of annuity purchase, the deferred amount shall be paid as per PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015
 - viii. In case of death of subscriber during deferment period of annuity purchase, the annuity shall be purchased by the spouse as defined under Regulation 3(a) (iii) PFRDA (Exits and Withdrawal under National Pension System) Regulation, 2015 (applicable for

Government Sector subscribers)

- ix. During deferment period, the account maintenance charges and including the charges payable to Central Record Keeping Agency, Pension Fund, Trustee Bank and any other intermediary shall continue to apply and shall be charged by deducting units from the account
 - x. In case of Phased Withdrawal, Subscriber needs to purchase Annuity first
 - xi. For more details of Annuity options, please refer to Instructions No. 12
9. List of documents acceptable as Proof Identity and Address for exit under NPS (for all variants):-

Sl. No.	Proof of Identity (Copy of any one of the given below documents)	Proof of Address (Copy of any one of the given below documents)
a	Passport issued by Government of India.	Passport issued by Government of India.
b	Ration Card with Photograph.	Ration card with photograph and residential address.
c	Bank pass book or Certificate with Photograph	Bank Pass book or certificate with photograph and residential address.
d	Voters Identity card with photograph and residential address.	Voters Identity card with photograph and residential address.
e	Valid Driving license with photograph.	Valid Driving license with photograph and residential address.
f	PAN Card issued by income tax department.	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional Commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
g	Certificate of identify with photograph signed by a Member of Parliament or Member of Legislative Assembly.	Certificate of address with photograph signed by a Member of Parliament or member of Legislative Assembly.
h	Aadhar Card/letter issued by Unique identification Authority of India.	Aadhar Card/letter issued by Unique identification Authority of India. Clearly showing the address
i	Job Cards issued by NREGA duly signed by an Officer of the State Government.	Job Cards issued by NREGA duly signed by an Officer of the State Government.
j	Photo Identity card issued by Defence, Paramilitary and Police Departments.	Latest Electricity/Water bill in the name of the subscriber / Claimant and showing the address (Less than 6 months old).
k	Ex-Service Man Card issued by Ministry of Defence to their employees.	Latest Telephone bill in the name of the subscriber/ Claimant and showing the address (less than 6 months old).
l	Photo credit Card.	Latest property/house Tax Receipt (not more than one year old).
m	--	Existing Valid registered lease agreement of the house on stamp paper (in case agreement of the house on stamp paper (in case of rented/leased accommodation).
n	Identity card issued by Central /State government and its Departments, Statuary Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Schedules Commercial Banks, Public Financial Institution for their Employees.

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10. The subscriber needs to provide his/her complete bank details like name of the bank, branch, complete address of branch, account type and IFSC otherwise the form may get rejected by CRA. Please make sure there is no cutting attempt on this section. The lump sum payment shall be directly credited to the bank account of the subscriber through electronic mode of payment.

If there is any change in Bank Details and Address details, subscribers are requested to update the same in CRA records prior to initiation of online withdrawal request. At the time of initiation of online withdrawal request, updation of Bank Details and Address Details is not allowed.

11. The nodal office after verifying the completeness of the Withdrawal Form and supporting documents in all respects after signature/thumb impression of subscriber and declaration and attestation of the authorized person at nodal office shall send at below mentioned address for record keeping within 90 days from the date of approval:

NPS Claims Processing Cell,
Central Record Keeping Agency,
NSDL e-Governance Infrastructure Ltd,
1st Floor, Times Tower,
Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel, Mumbai - 400013.

12. Annuity Service Providers

There are 5 Annuity Service Providers empanelled by PFRDA for providing the annuity services to NPS subscribers as per the list provided below:

- Life Insurance Corporation of India
- SBI Life Insurance Co. Ltd.
- ICICI Prudential Life Insurance Co. Ltd.
- Star Union Dai-ichi Life Insurance Co. Ltd.
- HDFC Standard Life Insurance Co Ltd

Annuity selection matrix on the basis of Age and Corpus is as follows

Annuity Service Provider Name	Minimum Age	Minimum Corpus
LIC Of India	30	1,00,000
SBI Life Insurance	40	2,40,000
ICICI Prudential Life	30	Any Amount
HDFC Life Ltd	30	Any Amount
Star Union Dai-ichi Life	45	1,00,000

The following are the variants that are available in India and with most of the ASPs. Subscriber needs to select any of the below mentioned option on the page 1 of the withdrawal form:

1. Annuity for life - On death of the annuitant, payment of annuity ceases

2. Annuity for life with return of purchase price on death - On death of the annuitant, payment of annuity ceases and the purchase price is returned to the nominee.

3. Annuity payable for life with 100% annuity payable to spouse on death of annuitant - On death of the annuitant, annuity is paid to the spouse during his/her life time. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant.

4. Annuity payable for life with 100% annuity payable to spouse on death of annuitant with return on purchase of annuity - On death of the annuitant, annuity is paid to the spouse during his/her life time and purchase price is returned to the nominee after the death of the spouse. If the spouse predeceases the annuitant, payment of annuity will cease after the death of the annuitant and purchase price is paid to the nominee.

Note:

Please note the exit from NPS and purchase of annuity from empanelled ASP are two separate processes. It is mandatory for subscribers to purchase annuity scheme from Annuity Service Providers (ASP) empanelled by PFRDA. Post receipt of the form by ASP and completely satisfying themselves of completeness of the form and KYC requirements, annuity shall be issued to subscriber.

The more details on availability of particular annuity scheme with an ASP and annuity quotes etc. are available on the CRA's website as per link below:

www.npscra.nsdl.co.in/annuity-service-providers.php

ASP Scheme Details and Annuity Selection Matrix may change. Please visit CRA website before filling Annuity Details. The list of empanelment of ASPs may undergo changes depending upon new empanelment of ASPs by PFRDA from time to time.

13. Default Annuity Scheme (Applicable in case of Government Sector Subscribers only)

The subscriber upon exit from NPS shall have to purchase annuity with a minimum of 40% of the accumulated pension wealth which shall provide for annuity for life of the subscriber and his or her spouse (if any) with provision for return of purchase price of the annuity and upon the demise of such subscriber, the annuity be re-issued to the family members in the order specified hereunder at a premium rate prevalent at the time of purchase of such annuity by utilizing the purchase price required to be returned under the annuity contract (until all the family members in the order specified below are covered) :

- (a) living dependent mother of the deceased subscriber;
- (b) living dependent father of the deceased subscriber.

After the coverage of all the family members specified above, the purchase price shall be returned to the surviving children of the subscriber and in the absence of children, the legal heirs of the subscriber, as may be applicable

However, the subscriber who does not wish to opt default option mentioned above and wishes to choose the annuity contract of his choice from the available annuity types or contracts with the annuity service providers may choose an option as mentioned under instruction no. 12 above.

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Mazagaon Dock Shipbuilders Ltd

ANN I

Approval Note for Hospitalization Expenses for Retired Employees in case of Special Disease

To be filled by HR

Name of the Employee: _____ Emp ID No: _____

Date of Retirement: _____ Retired as: _____

Name of Patient: _____ Relationship with Patient: _____

Opening Balance in Corpus: _____

Amount claimed by the employee: _____

DGM (HR-SBC)

To be filled by Medical:

Hospitalization eligible under Special Disease: Yes/No

Date of Admission: _____ Date of Discharge: _____

Illness (Diagnosis): _____

Deduction on account of Non- Medical Consumables: _____

Amount Recommended under Special Disease: _____

Signature of the Medical Officer

CMO

GM (HR)

HOD (F)

D (CP &P)

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माझगांव डॉक शिपबिल्डर्स लिमिटेड/ Mazagon Dock Shipbuilders Limited

**माझगांव डॉक अधिकारियों की सेवानिवृत्त पश्चात चिकित्सा योजना
Mazagon Dock Executives Post Retirement Medical Scheme**

ओपीडी दावा प्रपत्र (एमडीईपीआरएमएस) - 2014 / (MDEPRMS)-2014 OPD- Claim Form

अधिकारी का नाम कर्म.आईडी सं
NAME OF EXECUTIVE EMP ID NO

सेवानिवृत्त:दिनांक के पद पर निवृत्त
DATE OF RETIREMENT RETIRED AS

पति-पत्नी का नाम
Name of spouse

शारीरिक रूप से विकलांग आश्रित बच्चे का नाम
NAME OF PHYSICALLY CHALLENGED DEPENDENT CHILD

अवधि के लिए दावा/ CLAIM OF THE PERIOD

मोबाईल नं: वैकल्पिक मोबाईल नं:
MOBILE NO ALTERNATE MOBILE NO

ई-मेल आईडी वैकल्पिक ई-मेल आईडी
EMAIL ID ALTERNATE EMAIL ID

बैंक का ब्योरा (कोई परिवर्तन होने पर भरा जाए):

BANK DETAILS (TO BE FILLED IF ANY CHANGE)

बैंक का नाम एवं पता:
..... खाता सं

आईएफएससी कोड: एमआईसीआर कोड:
NAME & ADDRESS OF THE BANK:
..... ACCOUNT NO:

IFSC CODE: MICR CODE:

मैं अधोहस्ताक्षरित, कर्मचारी आईडी सं
एमडीएल सेवा से दिनांक से पद से सेवानिवृत्त हुआ
हूँ। मैं एतद्वारा, यह घोषणा करता हूँ कि मैं रु. (शब्दों में
.....) से अवधि के लिए स्वयं/ पति-
पत्नी/ आश्रित बच्चे के लिए चिकित्सा उपचार हेतु खर्च किया हूँ। मैं यह भी घोषणा करता हूँ कि सभी
चिकित्सा बिलों को मैं आयकर विभाग से आने वाले किसी भी प्रश्न के लिए सहेजकर रखूँगा। मैं इसके लिए
पूर्णरूप से जिम्मेदार हूँ।

I undersigned, EMP ID No, retired from MDL
services w.e.f as; I hereby, declare that I have
incurred sum of Rs (In words)
towards medical treatment of Self/Spouse/ Dependant child for
the period to I also declare that all the medical bills are preserved
by me and in the event of any query from Income Tax Dept. I will be solely responsible.

कर्मचारी का हस्ताक्षर
SIGNATURE OF THE EMPLOYEE

