



MEDICAL WELFARE SCHEME (OFFICERS)

(RAISE IN FOUR COPIES AND COMPLETE IN BLOCK CAPITALS LETTERS)

PERSONAL PARTICULARS

1. RANK	NAME	PAK NO:	
BRANCH	PRESENT UNIT	DATE OF BIRTH	DATE OF COMMISSION
2. I AM WILLING TO JOIN MEDICAL WELFARE SCHEME FOR PAF OFFICERS (MWS(O)). I HAVE READ, UNDERSTOOD AND SIGNED THE "TERMS AND CONDITIONS" OF THE MWS(O) ON THE REVERSE OF THIS FORM.			
DATE:		SIGNATURE	

NEXT OF KIN

3. NAME	RELATION
CNIC NO. <input type="text"/>	SIGNATURE

MEDICAL FITNESS AND CATEGORY (TO BE COMPLETED BY SENIOR MEDICAL OFFICERS)

4. THE ABOVE NAMED OFFICER IS MEDICALLY FIT/TEMPORARILY UNFIT/PERMANENTLY DOWNGRADED AND HIS EXACT MEDICAL STATUS WITH CATEGORY AT THE TIME OF RAISING THIS REPORT IS AS ANNOTATED BELOW:-			
MED CAT	NAME AND RANK (SMO)	DATE	SIGNATURE WITH STAMP

COUNTER SIGNATURE BY UNIT COMMANDER

5. THE PERSONAL PARTICULARS AND RESENT MEDICAL STATUS AS MENTIONED ABOVE HAVE BEEN CHECKED AND ARE CERTIFIED CORRECT.		
NAME AND RANK	DATE	SIGNATURE OF OFFICER COMMANDING WITH STAMP

FOR USE AT SHAHEEN FOUNDATION HEAD OFFICE

6. THE ABOVE NAMED OFFICER HAS BEEN ACCEPTED AS A MEMBER OF THE MWS(O) WEF _____ AND ALLOTTED MEMBERSHIP NO. WITH:- * (a) FULL COVER * (b) COVER AGAINST DEATH ONLY.	
DATE	SIGNATURE WITH STAMP (DIR ADMIN SF)

SHAHEEN FOUNDATION COPY

TERMS AND CONDITIONS MEDICAL WELFARE SCHEME (OFFICERS)

1. I agree to pay my contribution toward MWS (O) regularly every month from my salary at the prescribed rate through PAF CAO.
2. I understand that, if accepted as a member of MWS (O), I will be covered under this scheme from the effective date which will be notified to me, and I will continue to be a member as long as I contribute towards the scheme without any break. If contribution is for less than 5 (five) years I will not be eligible for any refund. Only on completion of 5 (five) years or more I will get the refund equal to my actual contribution.
3. I understand that if I do not receive any compensation during my career or stop my contribution, I will be entitled to a refund of an amount equivalent to my actual contribution at the time of leaving the Service or on termination of my membership, provided that I have contributed toward the MWS (O) uninterruptedly for a minimum period of five years. In case I continue to contribute towards the MWS (O) after receiving a compensation on medical grounds, the amount of refund and the minimum period of contribution of five years will commence from the first of the month following that in which I was medically down-graded. To claim a refund I will be required to raise Form "O-4" (Termination of Membership/Refund of Contribution) through my Unit. I also understand that the amount contributed before receiving a compensation will be forfeited.
4. I understand that I shall be eligible for compensation of Rs.100,000/- (Rupees one hundred thousand only) for permanent down-gradation of my category up to the age of 45 years beyond which I shall be entitled to compensation for death in service only.
5. I understand I will not be entitled to any compensation for death/loss or down-gradation of medical category caused by a self-inflicted or self-induced injury/ailment, suicidal attempt, drug addiction etc.
6. I understand that the compensation will not be paid to me, if my medical category is down-graded by pre-release Medical Board held at the time of my retirement.
7. I understand that I will be paid the compensation only once in case of permanent loss / down-gradation of my medical category, prescribed for my Branch, by a PAF Medical Board appointed by Air Head quarters. If I am temporarily unfit/conditionally fit at the time of joining the scheme, I will be provided interim cover against death only and the full cover will be given to me upon regaining medical category prescribed for my Branch, which will be intimated to SF duly supported by Medical Board's report through my unit.
8. I understand that I will be entitled for refund of my contribution provided that I have contributed uninterruptedly for a minimum period of 5 (five) years.
9. I understand that if after having been paid the compensation on down-gradation of medical category I continue to contribute towards the scheme, I will be covered for death compensation.
10. I understand that to claim the compensation I/my next of kin will be required to raise MWS (O) Form "O-2" through my unit.
11. I understand that if I proceed on deputation/posting/course etc, abroad or on secondment to any Government department within the country, it will be my responsibility to directly remit my contributions in advance either for the whole period or on minimum of 6 monthly basis. On return to PAF, it will be my duty to advise PAF, CAO to start monthly deduction of MWS from my salary.
12. I understand that I will be covered only for death compensation during my leave preparatory to retirement (LPR) and my contributions will continue to be collected through my salary.
13. The Medical and MES officers will be covered under this scheme till such time they are serving with PAF. On return to any other arm their membership will be ceased. They will be entitled for refund of their contribution provided they have contributed uninterruptedly for a minimum period of 5 (five) years.
14. Any disease prior to the date of medical fitness for the membership of the MWS, will render the officer Ineligible for compensation claim
15. I understand that in case of any controversy the decision of the Chief of the Air Staff / MD Shaheen Foundation will be final and binding on me.

Signature of the Applicant _____

Name _____

(BLOCK CAPITALS)

Rank _____



MEDICAL WELFARE SCHEME (OFFICERS)

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PERSONAL PARTICULARS

1. RANK	NAME	PAK NO:	
BRANCH	PRESENT UNIT	DATE OF BIRTH	DATE OF COMMISSION
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DATE:		SIGNATURE	

NEXT OF KIN

3. NAME	RELATION
CNIC NO. <input type="text"/>	SIGNATURE


MEDICAL FITNESS AND CATEGORY (TO BE COMPLETED BY SENIOR MEDICAL OFFICERS)

4. THE ABOVE NAMED OFFICER IS MEDICALLY FIT/TEMPORARILY UNFIT/PERMANENTLY DOWNGRADED AND HIS EXACT MEDICAL STATUS WITH CATEGORY AT THE TIME OF RAISING THIS REPORT IS AS ANNOTATED BELOW:-			
MED CAT	NAME AND RANK (SMO)	DATE	SIGNATURE WITH STAMP

COUNTER SIGNATURE BY UNIT COMMANDER

5. THE PERSONAL PARTICULARS AND RESENT MEDICAL STATUS AS MENTIONED ABOVE HAVE BEEN CHECKED AND ARE CERTIFIED CORRECT.		
NAME AND RANK	DATE	SIGNATURE OF OFFICER COMMANDING WITH STAMP

FOR USE AT SHAHEEN FOUNDATION HEAD OFFICE

6. THE ABOVE NAMED OFFICER HAS BEEN ACCEPTED AS A MEMBER OF THE MWS(O) WEF _____ AND ALLOTTED MEMBERSHIP NO. WITH:- * (a) FULL COVER * (b) COVER AGAINST DEATH ONLY.		 <input type="radio"/>
DATE	SIGNATURE WITH STAMP (DIR ADMIN SF)	

PAF CAO COPY

TERMS AND CONDITIONS MEDICAL WELFARE SCHEME (OFFICERS)

1. I agree to pay my contribution toward MWS (O) regularly every month from my salary at the prescribed rate through PAF CAO.
2. I understand that, if accepted as a member of MWS (O), I will be covered under this scheme from the effective date which will be notified to me, and I will continue to be a member as long as I contribute towards the scheme without any break. If contribution is for less than 5 (five) years I will not be eligible for any refund. Only on completion of 5 (five) years or more I will get the refund equal to my actual contribution.
3. I understand that if I do not receive any compensation during my career or stop my contribution, I will be entitled to a refund of an amount equivalent to my actual contribution at the time of leaving the Service or on termination of my membership, provided that I have contributed toward the MWS (O) uninterruptedly for a minimum period of five years. In case I continue to contribute towards the MWS (O) after receiving a compensation on medical grounds, the amount of refund and the minimum period of contribution of five years will commence from the first of the month following that in which I was medically down-graded. To claim a refund I will be required to raise Form "O-4" (Termination of Membership/Refund of Contribution) through my Unit. I also understand that the amount contributed before receiving a compensation will be forfeited.
4. I understand that I shall be eligible for compensation of Rs.100,000/- (Rupees one hundred thousand only) for permanent down-gradation of my category up to the age of 45 years beyond which I shall be entitled to compensation for death in service only.
5. I understand I will not be entitled to any compensation for death/loss or down-gradation of medical category caused by a self-inflicted or self-induced injury/ailment, suicidal attempt, drug addiction etc.
6. I understand that the compensation will not be paid to me, if my medical category is down-graded by pre-release Medical Board held at the time of my retirement.
7. I understand that I will be paid the compensation only once in case of permanent loss / down-gradation of my medical category, prescribed for my Branch, by a PAF Medical Board appointed by Air Head quarters. If I am temporarily unfit/conditionally fit at the time of joining the scheme, I will be provided interim cover against death only and the full cover will be given to me upon regaining medical category prescribed for my Branch, which will be intimated to SF duly supported by Medical Board's report through my unit.
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9. I understand that if after having been paid the compensation on down-gradation of medical category I continue to contribute towards the scheme, I will be covered for death compensation.
10. I understand that to claim the compensation I/my next of kin will be required to raise MWS (O) Form "O-2" through my unit.
11. I understand that if I proceed on deputation/posting/course etc, abroad or on secondment to any Government department within the country, it will be my responsibility to directly remit my contributions in advance either for the whole period or on minimum of 6 monthly basis. On return to PAF, it will be my duty to advise PAF, CAO to start monthly deduction of MWS from my salary.
12. I understand that I will be covered only for death compensation during my leave preparatory to retirement (LPR) and my contributions will continue to be collected through my salary.
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Signature of the Applicant _____

Name _____

(BLOCK CAPITALS)

Rank _____



MEDICAL WELFARE SCHEME (OFFICERS)

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PERSONAL PARTICULARS

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DATE:		SIGNATURE	

NEXT OF KIN

3. NAME	RELATION
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MEDICAL FITNESS AND CATEGORY (TO BE COMPLETED BY SENIOR MEDICAL OFFICERS)

4. THE ABOVE NAMED OFFICER IS MEDICALLY FIT/TEMPORARILY UNFIT/PERMANENTLY DOWNGRADED AND HIS EXACT MEDICAL STATUS WITH CATEGORY AT THE TIME OF RAISING THIS REPORT IS AS ANNOTATED BELOW:-			
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FOR USE AT SHAHEEN FOUNDATION HEAD OFFICE

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INDIVIDUAL'S COPY

TERMS AND CONDITIONS MEDICAL WELFARE SCHEME (OFFICERS)

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(BLOCK CAPITALS)

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UNIT DOCUMENTS COPY

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Signature of the Applicant _____

Name _____

(BLOCK CAPITALS)

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