

## **MEDICAL WELFARE SCHEME (AIRMEN)**

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

### **PERSONAL PARTICULARS**

1. RANK :	2. NAME:	3. PAK/NO:	
4. TRADE:	5. PRESENT UNIT	6. DATE OF BIRTH	7. COMPLETION DATE OF BASIC TRADE TRAINING
8. I AM WILLING TO JOIN MEDICAL WELFARE SCHEME FOR PAF AIRMEN MWS (A). I HAVE READ, UNDERSTOOD AND SIGNED THE "TERMS AND CONDITIONS" OF THE MWS (A) ON THE REVERSE OF THIS FORM.			
DATE:		SIGNATURE OF MEMBER	
9. Cell No:	10. E-mail Add:		

### **NEXT OF KIN**

11. NAME:	12. RELATION:
CNIC No. <input type="text"/>	SIGNATURE OF MEMBER

### **MEDICAL FITNESS AND CATEGORY (TO BE COMPLETED BY SENIOR MEDICAL OFFICER)**

13. THE ABOVE NAMED AIRMAN IS MEDICALLY FIT / TEMPORARILY UNFIT / PERMANENTLY DOWN-GRADED 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

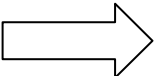
### **REMARKS BY UNIT ADJUTANT**

14. THE PERSONAL PARTICULARS AND PRESENT MEDICAL STATUS AS MENTIONED ABOVE HAVE BEEN CHECKED AND CERTIFIED CORRECT.		
NAME AND RANK:	DATE:	SIGNATURE OF UNIT ADJUTANT WITH STAMP

### **REMARKS BY UNIT COMMANDER**

15. I HEREBY CONFIRM THAT COLUMNS PERTAINING TO PERSONAL INFORMATION (COLUMN NO 1 -12) & MEDICAL STATUS OF THE MEMBER (COLUMN NO 13) HAVE BEEN DULY FILLED UP.		
NAME AND RANK:	DATE:	SIGNATURE OF OFFICER COMMANDING WITH STAMP

### **FOR USE AT SHAHEEN FOUNDATION HEAD OFFICE**

16. THE ABOVE NAMED AIRMAN HAS BEEN ACCEPTED AS A MEMBER OF THE MWS(A) WEF _____ AND ALLOTTED MEMBERSHIP NO. WITH:- *(a) FULL COVER *(b) COVER AGAINST DEATH ONLY.  <b>A –</b>	
17. DATE:	SIGNATURE WITH STAMP (DIR ADMIN SF):

\*Strike out whichever is not applicable

SHAHEEN FOUNDATION COPY

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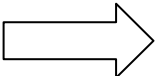
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PAF CAO COPY

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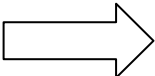
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UNIT DOCUMENTS COPY

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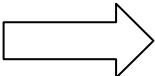
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INDIVIDUAL'S COPY

## **TERMS AND CONDITIONS OF MEDICAL WELFARE SCHEME (AIRMEN)**

(To be signed by each Member and Countersigned by Unit Commander)

1. I accept permanent membership of Medical Welfare Scheme (MWS) and agree to pay my contribution towards MWS (Airmen) every month, deducted from my salary by CAO PAF at the prescribed rate for airmen.
2. I understand that, I shall be covered under this scheme from the effective date, which will be notified to me, and I shall be considered a member from the date, I shall contribute towards the scheme without any break till retirement.
3. I understand that I shall be paid compensation of Rs 50,000/- in case of permanent loss / down-gradation of my medical category, prescribed for my Trade by a PAF Medical Board appointed by Air Headquarters up to the age of 40 years, beyond which I shall be entitled to compensation for death in service only. This compensation will be paid to me only once and I shall not be entitled to it for the second time if my medical category is first down-graded and subsequently, it is either further down-graded or I am medically invalidated out of service. If I am temporarily unfit at the time of joining the scheme, I shall be provided interim cover against death only and the full cover will be given to me upon regaining of medical category prescribed for my Trade, which will be intimated to SF, duly attested by Medical Board through my unit. To claim the compensation, I shall be required to raise MWS (Airmen) Form A-2 through my unit.
4. I understand that in case of my death, a compensation of Rs 100,000/- will be paid to my wife / next of Kin in accordance with the Service rules. This can be a second compensation, if after having been paid Rs. 50,000/- on first down-gradation of my medical category. In such a case. I shall continue to contribute towards the scheme for seeking cover against death while in service. However, if my medical category is already permanently downgraded at the time of joining the scheme, I shall be covered against death compensation only. To claim this compensation my Unit Commander will initiate and process MWS (Airmen) Form A-2 on behalf of my wife / next of Kin.
5. 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 contribution in advance either for the whole period of deputation/posting/course or minimum on quarterly basis. For this, I shall raise MWS (Airmen) Form A-3, accompanied by a Bank Draft through my unit. Similarly, on repatriation to the PAF, I shall raise MWS (Airmen) Form A-3 again for reversion of collection of my contribution through my salary.
6. I understand that I shall be covered only for death compensation during my leave Preparatory to Retirement (LPR) and my contributions will continue to be collected through my salary as usual.
7. I understand that as per policy in vogue, my monthly contribution would be deducted at source (CAO) from the date of enrolment in PAF and I would continue to be a member of Medical Welfare Scheme till my retirement.
8. I understand that if I do not receive any compensation during my career, I will be entitled to a refund of an amount equivalent to my actual contribution at the time of leaving the service provided that I have contributed towards the MWS (Airmen) uninterruptedly for a minimum period of five years. I understand that If I receive compensation on medical grounds, I can again claim refund of contribution, subject to completion of 05 years, starting from 1<sup>st</sup> of the month, after I was medically downgraded. To claim a refund, I shall be required to raise MWS (Airmen) Form A-4 through my Unit. I also understand that the amount contributed before receiving compensation will be forfeited.
9. I understand that compensation will not be paid for death, loss or down-gradation of medical category caused by a self inflicted / induced injury / ailment such as suicidal attempt, drug addiction etc.
10. I understand that compensation will not be paid if my medical category is down-graded by a pre-release Medical Board held at the time of retirement.
11. I understand that if the disease, responsible for my medical down-gradation, had originated prior to my registration to MWS, will render me ineligible for compensation claim.
12. I solemnly declare that all policy reviews in medical welfare scheme, approved by Air Headquarters from time to time would be binding on me. 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** \_\_\_\_\_

**Rank** \_\_\_\_\_

**Date** \_\_\_\_\_

**Countersignatures** \_\_\_\_\_

**Name** \_\_\_\_\_

**Rank** \_\_\_\_\_

**Date** \_\_\_\_\_