



MEDICAL WELFARE SCHEME (OFFICERS)

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

PERSONAL PARTICULARS

1. RANK :	2. NAME:	3. PAK/NO:	
4. BRANCH:	5. PRESENT UNIT	6. DATE OF BIRTH	7. DATE OF COMMISSION
8. 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 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 OFFICER 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
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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
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REMARKS BY UNIT COMMANDER

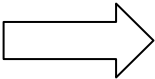
15. I HEREBY CONFIRM THAT COLUMNS PERTAINING TO PERSONAL INFORMATION (COLUMN NO 1 -12) & MEDICAL STATUS OF THE MEMBER (COLUMN NO 13) HAVE BEEN DULY FILLED UP.

NAME AND RANK:	DATE:	SIGNATURE OF OFFICER COMMANDING WITH STAMP
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FOR USE AT SHAHEEN FOUNDATION HEAD OFFICE

16. 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.  **0 -**

17. DATE:	SIGNATURE WITH STAMP (DIR ADMIN SF):
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*Strike out whichever is not applicable

UNIT DOCUMENTS COPY



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PERSONAL PARTICULARS

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CNIC No.	<input type="text"/>	SIGNATURE OF MEMBER	

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NAME AND RANK:	DATE:	SIGNATURE OF OFFICER COMMANDING WITH STAMP

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16. 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.	
17. DATE:	SIGNATURE WITH STAMP (DIR ADMIN SF):

*Strike out whichever is not applicable

INDIVIDUAL'S COPY

TERMS AND CONDITIONS OF MEDICAL WELFARE SCHEME (OFFICERS)

(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 (Officers) every month, deducted from my salary by CAO PAF at the prescribed rate for officers.
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 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 towards MWS (O) uninterruptedly for a minimum period of five years. To claim a refund I will be required to raise Form "O-4" (Refund of Contribution) through my Unit.
4. 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.
5. I understand that I shall be paid compensation of Rs.100, 000/- in case of permanent loss / down-gradation of my medical category, prescribed for my Branch 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. To claim the compensation, I shall be required to raise MWS (Officers) Form O-2 through my unit.
6. I understand that I shall 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.
7. I understand that the compensation will not be paid to me, if my medical category is down-graded by a pre-release Medical Board held at the time of my retirement.
8. I understand that I shall 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 Headquarters. If I am temporarily unfit/conditionally fit 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 medical category prescribed for my Branch, which will be intimated to SF duly supported by Medical Board's report through my unit.
9. I understand that, in case of my death, a compensation of Rs 200,000/- will be paid to my wife / next of kin in accordance with service rules. This can be a second compensation, if after having been paid Rs 100,000/- on first down-gradation of 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 down-graded at the time of joining the scheme, I shall be covered against death compensation only.
10. I understand that to claim death compensation, my Unit Commander will initiate and process MWS (Officers) Form O-2 on behalf of my wife/ next of kin.
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 contribution in advance either for the whole period of deputation/posting/course or minimum on quarterly basis. For this, I shall raise MWS (Officers) Form O-3, accompanied by a Bank Draft through my unit. Similarly, on repatriation to the PAF, I shall raise MWS (Officers) Form O-3 again for reversion of collection of my contribution through my salary.
12. I understand that I will be covered against death compensation only during my leave preparatory to retirement (LPR) and my contributions will continue to be collected through my salary. I also 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.
- 12A. Re-employed officers are entitled for death cover only.
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 05 (five) years.
14. 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 _____