

No.D.12015/1/2025-FEA
GOVERNMENT OF MIZORAM
FINANCE DEPARTMENT
(Economic Affairs)

MINECO, Aizawl,
April 24, 2025

OFFICE MEMORANDUM

Subject : Inclusion of pensioners/family pensioners drawing their monthly pensions directly from the bank to 'the Mizoram Universal Healthcare Scheme' – reg.

In referring to this Department's Notification No.D.12015/1/2025-FEA, dated 26th March, 2025 wherein the amount of contribution towards the subscriptions of the Mizoram Universal Healthcare Scheme, 2025 to be deducted from the concerned bills of Government Employees, Provisional Employees and all Pensioners/Family Pensioners under the Government of Mizoram had been notified, it is hereby informed to all concerned the inclusion of pensioners/family pensioners drawing their monthly pensions directly from the bank to the Mizoram Universal Healthcare Scheme with the following two options:-

- 1. Option – 1:** Under this, the Pensioner/Family Pensioner shall have an option to subscribe to the scheme as a 'Contributory Beneficiary' by contributing a lumpsum amount of ₹2500/₹5000/₹10000 for one year which are categorized as General, Standard and Private category respectively under the Mizoram Universal Healthcare Scheme and the benefits shall also be as per the scheme guidelines.
- 2. Option – 2:** Under this, the Pensioner/Family Pensioner shall have an option to subscribe to the scheme by contributing a lumpsum amount of the subscription fees for the year 2025-26 w.e.f April 2025 upto June 2025 based on the amount of their monthly pensions categorized into Category-A and Category-B as below:-

Sl.No.	Category	Lumpsum Amount for 1 year
1	Category-A Monthly basic pension \geq ₹20,000	12,000
2	Category-B Monthly basic pension $<$ ₹20,000	6,000

- 2.1. Pensioners/ Family Pensioners under Category-B shall have an option to subscribe as per Category-A and shall enjoy the admissible packages as per Category-A. However, Category-A cannot subscribe as Category-B.

- 2.2. The option once exercised will be final and binding for a minimum period of 1 year from the date of exercising the option. Also, unless the option exercised is withdrawn, it shall be treated as option exercised for the succeeding years.
- 2.3. In the cases of pensioners who retire after April 2025, they shall exercise their option immediately from the month of their retirement at the lumpsum amount as prescribed in the table above without late fees.
- 2.4. Format for exercising options is enclosed at **Annexure**.
3. The deduction of the contribution mentioned above shall be remitted to the following Heads of Accounts by means of Challan by the concerned bank's Pension Disbursing Authority/Branch Manager :-
- | | | |
|----------------|--------|--------------------------------------------------|
| Major Head | : 8229 | - Development and Welfare Funds |
| Sub-Major Head | : 00 | - |
| Minor Head | : 200 | - Other Development and Welfare Fund |
| Sub-Head | : 01 | - Contribution for MUHCS |
| Detailed Head | : 03 | - Contribution from Pensioners/Family Pensioners |
| Object Head | : 00 | - |
4. The concerned bank's Pension Disbursing Authority/Branch Manager shall submit the remittance challans attaching corresponding schedules along with the certified option forms along with the details of family members to Finance Department (EA), Government of Mizoram.

Sd/- RAMCHUANA

Secretary to the Govt. of Mizoram,
Finance Department

Memo No.D.12015/1/2025-FEA

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Dated Aizawl, the 24th April, 2025

Copy to:

- 1) Secretary to Governor, Government of Mizoram.
- 2) PS to Hon'ble Chief Minister, Government of Mizoram.
- 3) PS to Speaker/Dy. Speaker/Ministers/Ministers of State, Government of Mizoram.
- 4) Sr. PPS to Chief Secretary, Government of Mizoram.
- 5) Sr. PS to Finance Commissioner, Government of Mizoram.
- 6) Principal Accountant General, Mizoram, Aizawl.
- 7) All Administrative Departments, Government of Mizoram.
- 8) All Heads of Departments, Government of Mizoram.

- 9) Chief Controller of Accounts, Government of Mizoram.
- 10) Joint Director (Finance & Accounts)/ Deputy Director (Finance & Accounts)/FAO of all Departments
- 11) CEO, Mizoram State Health Care Society (MSHCS) for information and necessary action.
- 12) Resident Commissioner/Joint Resident Commissioner/Deputy Resident Commissioner Office of all Mizoram Houses.
- 13) All Officers under Finance Department.
- 14) All Treasury Officers.
- 15) Regional Manager, SBI Regional Business Office with a request to circulate to all branches of SBI.
- 16) Website Manager, Finance Department
- 17) Guard File.



(CHRISTINA LALMUANZUALI)

Under Secretary to the Govt. of Mizoram,
Finance Department (EA)

FORMAT**(to be submitted to concerned PDA by Pensioner/Family Pensioner)****CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN
RESPECT OF PENSIONER/FAMILY PENSIONER DRAWING MONTHLY PENSION
DIRECTLY FROM THE BANK**

This is to certify that I, _____ (Name of the Pensioner/ Family Pensioner), hereby submit my willingness to subscribe the Mizoram Universal Healthcare Scheme and opted by Option - ____ (1/2), under the Category - ____ (applicable only for Option-2) at the lumpsum amount of ₹_____ for one year w.e.f _____ (dd/mm/yyyy) for the purpose of medical treatment as admissible under the Mizoram Universal Healthcare Scheme.

Name of the Pensioner/ Family Pensioner : _____
 Book No. : _____ CTS : _____ PPO No. : _____
 Aadhaar No. (if available) : _____
 Current Basic Pension : _____
 Category under MUHCS (Category A/B) : _____
 Category opted (applicable only for Option-2) : _____
 Ration Card No.* : _____

The details of my family members as per Ration Card is as below :-

Sl. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)
1			
2			
3			
4			
5			
...			

* Attested Photo copy of family Ration Card to be enclosed.

Certified by:

Signature of the Pensioner/ Family Pensioner

Manager,
_____ Branch

Note: 1) Separate sheet may be attached in case the space provided for entering the list of family members is not sufficient

Annex to Format of Certificate of Option/ Willingness by Pensioner/ Family Pensioner drawing monthly pension directly from the bank under MUHCS

(in case the space provided for entering the list of family members is not sufficient)

Sl. No.	Name of family members	Relationship with the Pensioner/ Family Pensioner	Aadhaar No. (if available)

Certified by:

Manager,
_____ Branch

FORMAT
(Mahni pension lakna Bank-a thehluh tur)

**CERTIFICATE OF OPTION FOR THE PURPOSE OF SUBSCRIPTION UNDER THE MUHCS IN
RESPECT OF PENSIONER/FAMILY PENSIONER DRAWING MONTHLY PENSION
DIRECTLY FROM THE BANK**

Kei, _____ (Pensioner/ Family Pensioner hming) hian MUHCS-in a huam chin medical treatment ka hmuh theih nan, ka duhthlanna ngei-in kum khat atana ₹ _____ ka pensiona cut turin MUHCS hi Option - _____ (1 nge 2) hmangin Category _____ (A nge B) angin ni _____ aṭang hian ka zawm a ni tih ka hriattir e.

Pensioner/ Family Pensioner Hming : _____
Book No. : _____ CTS : _____ PPO No. : _____
Aadhaar No. (Aadhaar Card nei tan) : _____
Basic Pension hman lai : _____
MUHCS hnuaia Category awmna (A nge B)^[#] : _____
Category thlan : _____
(Option-2 hmanga zawm te tan chauh)
Ration Card No.^(*) : _____

Ration Card-a chuang kan chhungkaw member-te chu, a hnuaia tarlan-te hi an ni:-

Sl. No.	Chhungkaw member hming	Pensioner/ Family pensioner nena inlaichin dan	Aadhaar No. (Aadhaar card nei tan)
1			
2			
3			
4			
5			
...			

Note: 1) Chungkaw member hming ziahna hian a daih loh chuan a thar dang hman belh tur a ni.

2) ^[#] Category-A ni sa tan Category-B a thlan theih loh, Category-B ni sa tan chauh Category-A a thlan theih.

3) ^(*) Ration Card officer-in a attest sa thehluh tel tur a ni.

Certified by:

Pensioner/ Family Pensioner sign-na

Manager,

_____ Branch

***Annex to Format of Certificate of Option/ Willingness by Pensioner/ Family Pensioner
drawing monthly pension directly from the bank under MUHCS
(Chhungkaw member hming ziahna-in a daih loh chauhin hman tur)***

[illegible]

Certified by:

Manager, _____ Branch