

OPTION FORM – 'III'

Option Form to be filled in by the first eligible member of the family of the employee who joined the service of Company before 28th June, 1995 but died while in service of the Company before 23rd April, 2019

(04 Copies to be submitted)

To,

_____ Company Limited

1. I hereby declare that I have read and understood the General Insurance (Employees') Pension Amendment Scheme, 2019 and the General Insurance (Employees') Pension Scheme, 1995, as amended from time to time.
2. I hereby opt to be governed by the General Insurance (Employees') Pension Scheme, 1995.
3. I hereby authorize the Company to transfer the entire contribution of the Company to Provident Fund that may accrue to Late Shri / Smt. / Kum. _____, if any revision of scales of pay is effected from a date prior to 23rd April, 2019, to the _____ Company (Employees') Pension Fund (hereinafter referred to as 'the said Pension Fund').
4. I hereby undertake to refund to the Company the entire contribution of the Company to Provident Fund along with interest accrued thereon that was paid to Late Shri / Smt. / Kum. _____ upon final settlement of PF Account following his / her death or any such amount paid thereafter consequent upon wage revision, within the period prescribed i.e. not later than 21st October, 2019.
5. I further undertake to refund to the Company the entire amount of Non-Refundable Withdrawal, if any, made by Late Shri / Smt. / Kum. _____ from the contribution of the Company to Provident Fund and interest accrued thereon together with interest at the rate of 9% per annum from the date of such withdrawal until the date of final settlement of his / her PF Account, within the period prescribed i.e. not later than 21st October, 2019.
6. I further undertake to pay to the Company an amount equal to **0.3 times of the amount arrived at point 4 & 5 above**, as a one-time contribution to the said Pension Fund within the period prescribed i.e. not later than 21st October, 2019.
7. I understand that the above option exercised by me is final and I further undertake that I shall at no time revoke the above option.
8. Date of birth of Late Shri / Smt. / Kum. _____ is _____.

9. Date of joining service of Late Shri / Smt. / Kum. _____ with the Company as a permanent whole time employee is _____.

10. Late Shri / Smt. / Kum. _____ was in the service of the Company on permanent part-time basis during the period beginning from _____ to _____, both days inclusive, prior to his / her appointment on permanent whole time basis. (Strike out this paragraph, if not applicable).

11. I give below particulars of Late Shri / Smt. / Kum. _____ as at the time of retirement / death:

(xvii) Name in Full :

(xviii) Salary No. :

(xix) Designation :

(xx) Office where last worked :

(Indicate the name of its controlling
DO and RO, if applicable)

(xxi) Date of Birth :

(xxii) Date of joining service of the Company :

(xxiii) Date of Death :

(xxiv) Last Drawn Basic Pay per month :

(xxv) Present Address :

(xxvi) Permanent Address :

(xxvii) Provident Fund Account No. :

(xxviii) Amount of Company's Contribution : Amount Dt. of
settlement of PF
to PF and interest thereon received
on retirement (please show the gross
amount without taking into account
deductions, if any, made such as for
Housing Loan etc.

N.B.: Please also furnish details of all payment of PF monies received after death till date

(xxix) Amount of non-refundable withdrawal, : Amount Date of withdrawal
If any, made from the Company's

Contribution to PF Account

(xxx) Name of the bank and branch in which :

the applicant is having account

(xxxi) Account No. (Savings) & IFSC Code :

(xxxii) Details of Family:-

(Family for this purpose means the family as defined in Rule 2(1) of the General Insurance (Employees') Pension Scheme, 1995)

S. No.	Name of the members of the family	Date of Birth	Relationship to the employee	Remarks If any
1.				
2.				
3.				
4.				
5.				

(Note: The particulars of payment of Company's contribution to PF together with interest thereon and of non-refundable withdrawals furnished by the applicant are subject to verification by the Company and the amount intimated by the Company in this regard will be final and binding on the applicant)

Date: _____

Signature

Relation with Deceased Employee: _____

(Name in full)**Attestation***

Date: _____

Signature of Officer-in-charge

Salary Roll No.: _____

(Name in full)

Office where last working: _____

(Designation & Rubber Stamp)

(Note: Any addition/alteration in the text of the form will make the option invalid)

(For Office use only)**Verification: ****

This is to certify that the above particulars as declared by the employee concerned have been verified and found to be correct as per office records which I have seen personally.

Date: _____

Signature of Officer Concerned

Salary Roll No.: _____

(Name in full)

RO / HO Deptt.: _____

(Designation & Rubber Stamp)**NOTE:**

***Attestation:** The form is to be countersigned and signature attested by the Officer-in-charge, if the employee was working at a Branch or a D.O. and by the Head of the Department, if the employee was working at RO/HO

****Verification:** The particulars furnished by the employee including date of birth and date of joining have to be certified as having been verified and found to be correct by the designated officer of the Personnel Department at RO/HO, not below the rank of Manager (Scale IV).