

General Insurance (Employees') Pension Scheme, 1995

OPTION FORM - CPSM

Form of application for commutation of Pension subject to Medical Examination of an applicant

*(to be submitted in duplicate)*

To \_\_\_\_\_

Space for affixing Passport size photo

Re: Commutation of Pension subject to Medical Examination.

I desire to commute a fraction of my pension in accordance with the General Insurance(Employees') Pension Scheme, 1995. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. I hereby agree to undergo medical examination and also to abide by the decision of the Office. The necessary particulars are furnished below:-

Name in full :  
Salary Roll No. :  
Designation at the time of retirement :  
Office from which retired :  
Date of Birth :  
Date of Retirement :  
Reason for retirement/Cessation of Service :  
Fraction of Pension to be commuted :  
(not exceeding 1/3rd of Pension)

Date:.....

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name in full)

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**Attestation\***

Date : .....

\_\_\_\_\_  
Signature

Salary Roll No. : .....

\_\_\_\_\_  
(Name in full)

Office where presently working : .....

\_\_\_\_\_  
(Designation)

**(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 retired employee concerned have been verified and found to be correct as per office records which I have seen personally.

Date : .....

\_\_\_\_\_  
Signature of the concerned officer\*\*

\_\_\_\_\_  
(Name in full)

Office : .....

\_\_\_\_\_  
(Designation)

**Note:**

**Attestation:**

- \* The form is to be countersigned and signature of the applicant (retired employee) attested by a Class I Officer of the Company.

**Verification :**

- \*\* The particulars furnished by the retired employee 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 Assistant Manager.

\*\*\*\*\*

**Letter to the approved Medical Examiner**

Ref. No. \_\_\_\_\_

Date : \_\_\_\_\_

Dr. \_\_\_\_\_

Code No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Sir/Madam,

**Re: Medical Examination - Commutation of Pension**

1. Shri/Smt./Kum. \_\_\_\_\_ who retires from service on \_\_\_\_\_ as \_\_\_\_\_ has applied for commuting a fraction of his/her pension for a lumpsum payment.
2. In terms of paragraph 40 of the General Insurance (Employees') Pension Scheme, 1995, Shri/Smt./Kum. \_\_\_\_\_ is required to be examined by a Medical Examiner approved by the Corporation/Company. It is requested that medical examination of Shri/Smt./Kum. \_\_\_\_\_ may be done as expeditiously as possible before his/her next birthday which falls on \_\_\_\_\_
3. A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.
- \*4. The report of the statement of the applicant's case is also enclosed since he/she has been retired on being found to be incapacitated to continue to work due to illness or accident or he/she has previously commuted a fraction of the pension or declined to accept commutation on the basis of addition of years to his/her actual age or has been refused commutation on medical grounds.

Yours faithfully,

\_\_\_\_\_  
Signature of the authorised officer

\*Strike out whichever is not applicable.

c.c. to Shri/Smt./Kum. \_\_\_\_\_ with the request to report to the Medical Examiner as given above at his dispensary for medical examination. The timing regarding the availability of the Doctor should be ascertained and the enclosed form 7 should be carried during the medical examination with the particulars required in the Part-I completed except the signature.

\_\_\_\_\_  
Signature of the authorised officer

**Form of Personal Statement/Medical Report**

**PART I**

\* (To be completed by the applicant before medical examination but signed before the Medical Examiner.)

To

\_\_\_\_\_ Company Limited

Space for  
affixing  
Passport  
size  
Photograph

1. Name of the applicant : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Particulars regarding parents:

	If living		If dead	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				

4. Have you been discharged from service on medical grounds? If so, give full details and attach all medical papers/reports. :
5. Have you been granted leave on medical certificate for more than one week during last three years? If so, give details. :

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6. Have you during the last three years

- (a) suffered any major illness requiring hospitalisation? If so, give details. :
- (b) undergone any major surgical operation? :
- (c) lost or gained weight markedly? :

I declare that all the above answers are, to the best of my knowledge, true and correct.

I am fully aware that any willful wrong statement or concealment of material facts will render me ineligible for the commuted value.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the applicant)  
To be signed before the  
Medical Examiner.

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**PART II**

(To be filled in by the Medical Examiner.)

1. Apparent age of the applicant :
2. Height :
3. Weight :
4. Any scars or identifying marks :
5. Pulse rate :
6. Character of pulse :
7. Blood Pressure :           Systolic       Diastolic
8. Is there any evidence of disease of :  
    (a) Heart  
    (b) Lungs  
    (c) Liver  
    (d) Spleen  
    (e) Kidney
9. Do you consider any special  
    examination/test report necessary ?  
    If so, indicate the nature of special  
    examination/test report required. :
10. Additional findings, if any. :

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***PART III***

I have carefully examined Shri/Smt. \_\_\_\_\_  
and am of the opinion that

(i) He/She is in good health and has the prospect of average duration of life.

OR

(ii) He/She is not in good health and is not a fit subject for commutation.

OR

(iii) Although he/she is suffering from \_\_\_\_\_ he/she is considered a fit subject for commutation, subject to his/her age for the purpose of commutation being taken to be \_\_\_\_\_ years more than his/her actual age.

\_\_\_\_\_  
(Signature of Medical Examiner)