**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2018 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.**

**ANNEXURE-IV**

**Photo**

1. Photo in case of Family Pensioner.
2. Joint Photograph in case of Pensioner.

(See Guidelines Para-5,6,12,13,15 & 17)

**FORM FOR FURNISHING PENSIONER / FAMILY PENSIONER DETAILS**

**[UNDER NEW HEALTH INSURANCE SCHEME, 2018 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.]**

|  |  |  |
| --- | --- | --- |
| 1. | (a) **PPO No**. | : |
| (b)Name of Pension Disbursing Office | : |
|  |  |  |  |  |  |  |
| 2. | PPO No. (in the case of Pensioners who are getting payment outside the State) | : |
| 3. | Name of the Pensioner / Family Pensioner \* (in **BLOCK LETTER**) | : |
| 4. | Name of the Spouse in case of Pensioner (with Joint Photograph). | : |
| 5. | Bank & Branch with Account No. from where the Pension / Family Pension is drawn. | : |
| 6. | (a) Permanent Address(in BLOCK LETTERS) (Dulyfurnish District & PIN Code) | : |
| (b) Present Address | : |
| 7. | Contact Details | : |
| (a) Phone No. with STD Code | : |
| (b) Mobile No. | : |
| (c) E-mail ID (if available) | : |
| 8. | PAN No. (if available) | : |
| 9. | Post held by the Pensioner at the time of Retirement. | : |

|  |  |  |
| --- | --- | --- |
| 10. | Office / Department from which the Pensioner retired. | : |
| 11. | Pension Drawn Particulars (whichever is applicable) | **Original Pension** | **: Rs.** |
| **Commuted Amount : Rs.** |
| **Provisional Pension : Rs.** |
| **Family Pension** | **: Rs.** |
| 12. | Date of Birth (with proof)(a) Pensioner / Family Pensioner | : |  |
| (b) Spouse (in case of Pensioner only) | : |  |
| 13. | Date of Retirement of Pensioner | : |  |
| 14. | Details of Legal Heir |
| (a) Name | : |  |
| (b) Relationship | : |  |
| (c) Phone / Mobile No. | : |  |
| (d) E\_Mail ID (forcommunication purpose). | : |  |

Certified that the above particulars furnished by me are correct.

 **Signature/Thumb Impression**

 **of the Pensioner / Family Pensioner**.

Certified that the above particulars are verified with the PPO/Pensioners ID Card and found correct. The subscription is also being recovered and remitted into the relevant head of accounts.

 **Signature of the Asst. Adm. Officer/Adm.Officer**

 Name :

 Designation :

 Date :

 Seal :