

: 62 :  
**ANNEXURE\***

**NEW HEALTH INSURANCE SCHEME, 2014 FOR PENSIONERS  
(INCLUDING SPOUSE)/ FAMILY PENSIONERS.**

Name of the Pensioner :

Category of Pensioner :

Pension Payment Order No. :

Bank & Branch :

**OPTIONS TO BE EXERCISED**

**[The scheme is compulsory for all Pensioners / Family Pensioners.  
The following categories of Pensioners / Family Pensioners alone  
are entitled to exercise their option.]**

Sl. No.	Categories	OPTION [Yes/No]	Remarks
1.	All India Service (AIS) Pensioner.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
2.	A Pensioner who is a recipient of All India Service (AIS) Family Pension.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
3.	If spouse of the Pensioner is a State Government Employee. <b><u>Details of Spouse.</u></b>	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Office of Spouse.	:	
	(c) Designation of Spouse.	:	
	(d) NHIS, 2012 ID Card No. of the Spouse.	:	
4.	If both Husband and Wife are Pensioners. <b><u>Details of Spouse.</u></b>	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Spouse's PPO No.	:	
	(c) Whether the NHIS, 2014's subscription is deducted from the spouse.	:	<input type="checkbox"/> Y <input type="checkbox"/> N

\* This annexure is to be filled and handed over to the authorities concerned only by the above categories of Pensioners / Family Pensioners.

Sl. No.	Categories	OPTION [Yes/No]	Remarks
5.	If a Pensioner is also a Family Pensioner. <b><u>Details of Family Pensioner.</u></b>	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No. from where Family Pension is drawn.	:	
6.	If an individual draws more than one Family Pension. <b><u>Details of Other Pension from which recovery should not be done.</u></b>	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No.	:	

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 pension records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

**Signature of the Pension Disbursing Officer  
including Branch Manager of Banks.**

Name :

Designation :

Date :

Seal :

**-/ True Copy /-**



**SECTION OFFICER.**