

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

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

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

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

Photo

- (1) Photo in case of Family pensioner.
(2) Joint Photograph in case of Pensioner.

1.	(a) Pension Number.	:
	(b) Name of Pension Disbursing Office	: University of Madras
	(c) Scheme Type	: Pilot Scheme
2.	Name of the State (in the case of Pensioner who are getting pension 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) (Duly furnish 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.	Section / 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 (for Communication purpose)	:

Certified that the above particulars furnished by me are correct. I hereby express my acceptance to enrol myself under this New Health Insurance Scheme, 2018 and to remit the monthly subscription as required.

**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.

Name :
Designation :
Date :
Seal :