

Photo
Preferably with the joint
photograph

ANNEXURE
to the rules

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

Format for furnishing Data of Pensioners (including spouse)/Family Pensioners for insurance coverage under New Health Insurance Scheme for Tamil Nadu Government Pensioners (including spouse)/Family Pensioners, 2014 to Insurance Company.

1.	PPO.No.	:	
	Name of Pension Disbursing Office	:	
	Scheme Type	:	Pilot/PSB
2.	PPO No.(in the case of Pensioners who are getting payment outside the State. Treasury/Sub Treasury/Pension Pay Office, Chennai/Public Sector Banks through which pension/Family Pension is drawn.	:	
3.	Name of the Pensioner/Family Pensioner*(in BLOCK Letter)	:	
4.	Name of the Spouse in case of Pensioner(with photo)	:	
5.	Bank Branch with Account No. from where the pension/Family Pension is drawn.		
6.	a. Permanent address (in BLOCK Letters) Duly furnish the District and PIN Code)	:	
	b. Present address	:	
7.	<u>Contact Details :</u> a)Phone No.	:	
	b)Mobile No.	:	
	c)E Mail ID(If available)	:	
8.	PAN NO.	:	
9.	Pensioner's Designation at 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 Service Pensioner only) } :												
13.	Date of Retirement of Service Pensioner	:													
14.	Details of Legal Heir Name, Relationship, Contact No. and E-Mail ID (for communication purpose).	:	<table border="1"> <tr> <td>1.</td> <td>Name</td> <td>:</td> </tr> <tr> <td>2.</td> <td>Relationship</td> <td>:</td> </tr> <tr> <td>3.</td> <td>Contact No.</td> <td>:</td> </tr> <tr> <td>4.</td> <td>E-Mail ID</td> <td>:</td> </tr> </table>	1.	Name	:	2.	Relationship	:	3.	Contact No.	:	4.	E-Mail ID	:
1.	Name	:													
2.	Relationship	:													
3.	Contact No.	:													
4.	E-Mail ID	:													

OPTIONS TO BE EXERCISED

Sl. No	Particulars	Willing to join under NHIS 2014 Yes/No	Remarks	
1.	When the Service Pensioner is a AIS Pensioner	<input type="checkbox"/> Y <input type="checkbox"/> N	-----	
2.	When a pensioner is a recipient of AIS Family Pensioner	<input type="checkbox"/> Y <input type="checkbox"/> N	-----	
3.	When Spouse is a GoTN employee	<input type="checkbox"/> Y <input type="checkbox"/> N	a)Name of Spouse:	
			b)Office of Spouse:	
			c)Designation of Spouse:	
			d)(NHIS 2012 ID Card) No. of the spouse:	
4.	When both husband and wife are Service Pensioners	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Details of Spouse :</u>	
			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
5.	When a Service Pensioner is also a Family Pensioner	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Details of Family Pensioner :</u>	
			a)PPO No.	
			b)place of PDO:	
			c)Bank with Branch:	
			d)Account No:	

6.	When an individual drawing more than one Family Pension	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Details of other Pension from which recovery should not be done:</u>		
			a)PPO No:		
			b)Place of PDO:		
			c)Bank with Branch:		
			d)Account No.:		

Certified that the Particulars furnished above by me are correct.

Signature/Thumb impression of the Pensioner or Family Pensioner

Certified that the above particulars are verified with the pension records available with this office and found correct.

Signature of the Pension Disbursing Officer

Name :
Designation :
Date :
Seal :