

General Insurance (employees) Pension Scheme-1995

OPTION FORM-CPWM

ORIGINAL

Form of application for commutation of a fraction of pension without medical examination

(To be filled in duplicate)

**To
The New India Assurance Co. Ltd.**

**Space for affixing
Passport Size
photo**

Re: Commutation of pension without Medical Examination

I retired from the services of the company with effect from _____
and have opted to be governed by the General Insurance (employees') Pension Scheme-1995. I
desire to commute a fraction of my pension in accordance with the said pension scheme. The
necessary particulars are given below:-

Name in full:

Salary Roll No

**Designation at the
time of retirement:**

Name of Office:

Date of Birth:

Date of Retirement:

Reason for retirement:

**Fraction of Pension to be
Commutated (not exceeding
1/3 of pension) :**

Date:

Signature

Name in full

General Insurance (employees) Pension Scheme-1995

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)**

Office: _____

(Name in full)

(Designation)

Note:

Attestation:

*** The form to be countersigned and signature of the applicant (retired employee) attested by 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.**

General Insurance (employees) Pension Scheme, 1995

ANNEXURE-9

Form of receipt to be obtained from a retired employee for payment of commuted value

Received from The New India Assurance Company Limited the Sum of Rs _____

Rupees _____ Being the commuted value of pension payable to me in accordance with provisions of General Insurance (employees) Pension Scheme, 1995

Affix
Revenue
stamp

Name: _____

Signature

S.R.No: _____

Designation at the
time of retirement _____

Office from which
Retired _____

Place _____

Date _____

Witness:
Signature _____

Name _____

S.R.No. _____

Designation _____

Office _____

Signature Verified

Signature of officer Verifying _____
Name _____

S.R.No: _____

Designation _____