



THE ORIENTAL INSURANCE COMPANY LIMITED
HEAD OFFICE, NEW DELHI

CIRCULAR

Deptt: Personnel

22.05.2019

Ref: HO/Pers/Pension Amendment scheme/2019/15/CR-8260

TO ALL ROs , OSTC-FARIDABAD & CHENNAI

**Re: Annexure/forms regarding implementation of the Provisions of
General Insurance (Employees') Pension Amendment Scheme, 2019**

We take reference to our circular CR-8259 dated 17.05.2019 regarding Administrative Instructions for implementation of General Insurance (Employees') Pension Amendment Scheme, 2019.

The following forms/Annexure are enclosed and described below, which are also to be obtained along with the Option forms:-

S. No.	Annexure No.	Form / Annexure	Applicable for
1.	Option form-CPWM	Form of application for commutation of pension without medical examination / with medical examination	Serving employees opting for pension and retiring upto 23.10.2019/ Retired employees opting for pension and opting for Commutation of Pension.
2.	Annexure - 7	Form of Personal Statement / Medical Report	Those whose Commutation of pension is to be approved based on medical certificate
3.	Annexure - 9	Form of receipt to be obtained from a retired employee for payment of Commuted value	Retired employees opting for Commutation of Pension
4.	Annexure - 10	Details of members of Family	Serving/ Retired employees opting for Pension now
5.	Annexure - 17	Advance receipt to be obtained before payment of Pension / Family Pension	Serving employees opting for Commutation of pension and retiring upto 23.10.2019 / Retired employees opting for pension
6.	Annexure - 25	Form of nomination for receipt of Pensionary benefits (Commutation value and Pension become due but not paid) in the event of the Pensioner without receiving the Pensionary benefits	Serving employees opting for pension and retiring upto 23.10.2019/ Retired employees opting for pension
7.	Annexure - 26B	Declaration	Retired employees in the cadre of Manager (Scale IV) and above (within 2 years of retirement)
8.	Annexure - 29	Form of Application for permission to accept Commercial employment	Retired employees in the cadre of Manager (Scale IV) and above (within 2 years of retirement) who plan to take up commercial employment

Please bring this to the notice of all concerned and display a copy of the circular on Company Notice board for their information.

Arvind Saxena

(ARVIND SAXENA)
DEPUTY GENERAL MANAGER

Copy to: H.O. (Admn.) &
All Departmental Heads in Head Office

15.5.19 G

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 Oriental Insurance 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:-**

1.Name in full:

2.Salary Roll No

3.Designation at the time of retirement:

4.Name of Office from where retired:

5.Date of Birth:

6.Date of Retirement:

7.Reason for retirement:

**8.Fraction of Pension to be Commuted
(not exceeding 1/3rd of pension) :**

Date:

Signature

Name in full

Contd.....P/2

....2....

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 1 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 Deputy Manager.

General Insurance (employees) Pension Scheme, 1995

ANNEXURE-7

Form of Personal Statement/Medical Report

PART 1

***(To be completed by the applicant before Medical examination but before the medical examiner)**

To,

_____ company Limited

**Affix
Passport
Size
photograph**

01 Name of applicant: _____

02 Date of Birth _____

03 Particulars regarding Parents

If living			If Dead	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				

**04 Have you been discharged from
Services on medical grounds
If so, give full details and attach
All medical papers/reports.**

**05 Have you been granted leave on
On medical certificate for more
than one week during last three
years if so, give details.**

06. Have you during the last three years

**(a)Suffered any major illness requiring hospitalization
If so give details.**

..2..

General Insurance (employees) Pension Scheme, 1995

(b) Undergone any major surgical operation?

(c) Lost or gained weight markedly?

I declare that all the above answer are, to be best of my knowledge, true and correct.

I am fully aware that any willful wrong statement or concealment of material facts will render me ineligible for commuted value.

Place _____

Date _____

(Signature of the applicant)
To be signed before the
Medical Examiner.

:: 3:

General Insurance (employees) Pension Scheme, 1995

PART II

(To be filled by filled in by the Medical Examiner)

1 Apparent age of the Applicant

2 Height

3 Weight

4 Any scars or identifying marks

5 Pulse Rate

6 Character of pulse

7 Blood Pressure

8 Is there any evidence of disease of

- a. Heart**
- b. Lungs**
- c. Liver**
- d. Spleen**
- e. Kidney**

9 Do you consider any special examination test report necessary? If so indicate the nature of special examination report required.

10 Additional findings, if any

General Insurance (employees) Pension Scheme, 1995

PART III

I have carefully examined Shri/Smt. _____ and am of the opinion that

(I) He/She is in good health and has prospect of average duration life

OR

(ii) He/She is not in good health and is not a fit subject a for commutation.

OR

(iii) Although he/she is suffering from _____ he/she is considered a fit subject for commutation, subject to his/her age for the purpose of commutation being taken to be _____ years more than his/her actual age.

(Signature of Medical examiner)

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 Oriental Insurance 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

Signature

Name: _____

Designation at the
time of retirement _____

S.R.N: _____

Office from which
Retired _____

Place _____

Date _____

Witness:
Signature _____

Name _____

S.R.N _____

Designation _____

Office _____

Signature Verified

Signature of officer Verifying _____
Name _____

S.R.N: _____

Designation _____

General Insurance (employees) Pension Scheme, 1995

ANNEXURE-10

Details of members of Family

1. Name of employee:
2. Designation:
3. Date of Birth:
4. Date of Appointment:
5. Date of retirement:
6. Details of Members of Family as on
7. I hereby give the details of members of my family as required for the purpose of payment of family pension in accordance with the provisions of the General Insurance (employees) Pension Scheme, 1995:-

Sr No.	Name of the members of the family	Date of Birth	Relationship to the employee	Remarks if Any
1				
2				
3				
4				

I hereby undertake to keep the above particulars up-to-date by notifying the office any addition or alteration.

Place_____

Signature_____

Date_____

Note: 1. Family for the purpose means family as defined in paragraph 2(1) of the General Insurance (employees) Pension Scheme, 1995

2. Wife and husband shall include respectively judicially separated wife and husband

Advance receipt to be obtained before payment of Pension/Family pension

Received from the Oriental Insurance Company Limited a sum of Rs. _____
(Rupees _____) being the amount of pension/ family pension payable for the month(s) of _____

Affix
Revenue
stamp of
Rs1/-

Signature of the employee

Name

Address

Signature Verified by

Signature of the Officer verifying _____

Name _____

Salary Roll No. _____

Designation _____

Date _____

(Payment of the pension can be made only after obtaining the receipt in the above form)

**FORM OF NOMINATION FOR RECEIPT OF PENSIONARY BENEFITS
(COMMUTATION VALUE AND PENSION BECOME DUE BUT NOT PAID) IN THE EVENT OF THE
PENSIONER WITHOUT RECEIVING THE PENSIONARY BENEFITS**

I _____ hereby nominate the person named below to receive the
Pensionary benefits due but not paid in the event of my death before receiving the pensionary
benefits.

1. Name and Address of the nominee:
2. Relationship with the Pensioner.
3. Date of Birth of Nominee
4. If nominee is minor, Name & address
Of person who may receive the
Pensionary benefits during the nominee
Minority
5. Name & address of other Nominee in
In case of nominee under (1) above
Pre -deceases the pensioner
6. Relationship with the proposer
7. Date of Birth
8. If nominee is minor name & address
Of person who may receive the
pensionary benefits during the other
Nominee's minority
9. Contingency on the happenings of
Which nomination shall become invalid.

Place _____

Date _____

Signature of witness _____

Name & Address of witness

Signature of the Pensioner _____

Name of pensioner _____

Address of
pensioner _____

General Insurance (employees) Pension Scheme-1995

ANNEXURE-26B

DECLARATION

Applicable to employees retired in the cadre of Manager (Scale-IV) and above

I _____ S.R.No __ 0 _____

Worked as _____ in the Company office at _____

_____ And retired/took VRS on _____

*I hereby declare that I have not accepted and shall not accept any commercial employment in future within a period of 2 (two) years from the date of retirement/VRS WITHOUT obtaining permission from the company.

OR

*I applies to the Company for granting permission to accept my commercial employment and same was granted to me by the competent authority vide letter Dt. _____ (copy enclosed)

I hereby declare that I shall abide by the condition on which the aforesaid permission was granted to me and also the conditions stipulated in PARA 49 of the General Insurance (employees) Pension Scheme-1995 which relates for the purpose of acceptance of commercial employment.

***Strike off which ever is not applicable.**

Signature

Name of retired employee

S.R.No.

Designation

Place of posting from where Retired

FORM OF APPLICATION FOR PERMISSION TO ACCEPT COMMERCIAL EMPLOYMENT

- 1. Name of Employee/pensioner**
- 2. Date of retirement**
- 3. Particulars of Service during the last 5 years**

Office	Department	Post Held	From	To

4. Details regarding commercial Employment

- a) Name of Company/Firm etc.**
- b) Type of business carried out by the company/firm**
- c) Whether the applicant had dealing with the firm during his service**
- d) Duration and nature of official dealing with the firm**
- e) Name of post/job offered/held**
- f) Whether the post was advertised and if not how was the offer made**
- g) Nature of job**
- h) Remuneration offered**

If proposing to set up practice

- a) Professional qualification in the field of practice**
- b) Nature of proposed practice**

Any other information which the applicant consider relevant

5. Declaration

I hereby declare that

- a) The commercial employment I proposed to take up/ I have taken up will not bring me any conflict with GIC/Companies**
- b) My commercial employment will not such that my previous official position or knowledge or experience in GIC/Companies could be used to give my present/proposed employer an unfair advantage.**
- c) My commercial duties will not involve liaison or contact with the offices of GIC/Companies**

Place:

Date:

Signature of applicant