

Option Form to be filled in by an employee appointed on or after the date of circulation of the Pension Scheme and who is aged 35 or more at the time of appointment

I hereby declare that I have read and understood the Life Insurance Corporation of India (Regular Part-time Employees) Pension Scheme, 1999 and I do not wish to be governed by the said Scheme. I wish to be governed as per the circular issued relating to Provident Fund.

My date of appointment :

Date of birth as recorded in :
the service records

Date Signature of the Employee

Name in full :
Designation :
S.R.No. :
Office :

Witness

Signature :
Name in full :
Designation :
S.R.No. :
Office :

(Note : Any addition/alteration in the text of the above form will make the option invalid)

(For Office use only)

Verified and found that the date of appointment and date of birth as shown by the employee are correct as per office records.

(Signature of the
Officer-in-charge
Designation :
Office Stamp :

Option Form to be filled in by existing employee who were appointed to the service of the Corporation prior to the date of circulation of the Pension Scheme

(To be filled in duplicate)

I hereby declare that I have read and understood the Life Insurance Corporation of India (Regular Part-time Employees) Pension Scheme, 1999 and I wish to be governed by the said Pension Scheme. I hereby authorise the Trustees of the LIC of India Provident fund No.1 to transfer to the Trustees of the LIC of India (Regular Part-time Employees) Pension Scheme, the Corporation's contribution to the Provident Fund together with interest thereon standing to the credit of my account as on the date of such transfer.

I understand that the above option exercised by me is final and I further undertake that I shall at no time revoke the authority given by me to the said Trustees of the LIC of India Provident Fund No.1

Signature of the Employee

Date :
Designation :
Full Name :
S.R.No. :
Office :

Witness

Signature :
Full Name :
Designation :
S.R.No. :
Office :

(Note : Any addition/alteration in the text of the above form will make the option invalid)

Draft of the Notice to be issued

LIFE INSURANCE CORPORATION OF INDIA

CENTRAL OFFICE

Notice to Regular Part-time Employees/
Families of Deceased Regular Part-time Employees

A Pension Scheme in lieu of Corporation's contribution to the Provident Fund has been introduced in the Life Insurance Corporation of India with effect from 1st November, 1993. All the Regular Part-time Employees who retired on or after 31st December, 1991 and the family of those employees who were in service on or after 1st January, 1986 and who have died subsequently but prior to Scheme date are eligible to exercise their option for joining the Pension Scheme. The eligible ex-Regular Part-time Employees or members of the family of deceased Regular Part-time Employees desiring to know the details of the Scheme can call on the nearest Divisional Office of LIC on any working day during office hours. Option forms duly completed should be submitted to the Sr./Divisional Manager-in charge of the Division under whose jurisdiction the ex-Regular Part-time Employee was working last or R.M. (E&OS) of Zonal Office/Executive Director(OS) of the Central Office in the case of Regular Part-time Employees who were working in Zonal/Central Office, as the case may be, so as to reach him on or before _____. Eligible ex-Regular Part-time Employees or members of the family of deceased Regular Part-time Employees whose option forms are not received by the said date would be deemed to have forfeited their right to join the Pension Scheme. No individual intimations about the introduction of Pension Scheme will be sent to any of the retired Regular Part-time Employees/members of the family of the deceased Regular Part-time Employees.

EXECUTIVE DIRECTOR (P)

Option letter to be filled in by the Regular Part-time Employees who have retired from the service of the Corporation on or after 31st December, 1991

(To be filled in duplicate)

The Sr./Divisional Manager/
Regional Manager (E&OS)/
Executive Director (OS),
LIC of India,

Dear Sir,

I have read and understood the Life Insurance Corporation of India (Regular Part-time Employees) Pension Scheme, 1999 and I hereby opt to become member of the Pension Scheme as per the said Pension Scheme. I undertake to refund the Corporation's contribution to Provident Fund together with interest thereon that was due to me on my retirement plus simple interest thereon at 6% per annum/12% per annum (***) from the date of settlement (date of retirement) of my P.F. account till the date of repayment to the LIC within the prescribed time-limit. I give below the necessary details.

Yours faithfully,

(Signature)

Place :

Date :

Name in Full :

Designation at the time of retirement :

Office from which retired (indicate the name of the controlling D.O./Z.O. also) :

Date of Retirement :
S.R.No. :

Present Address :
Permanent Address :

* Signature attested by

Name :
Designation :
S.R.No. :
Office :

P.T.O.

Amount Date of
 ----- Settlement

Amount of Corporation's contribution to P.F. and interest thereon received (Gross). (In case any payment/s subsequent to the payment immediately after retirement, has been received the same should also be indicated with the date of settlement)

- 1)
- 2)
- 3)
- 4)

Details of the family.

Sr. No.	Names of the members of the	Date of Birth	Relationship with the employee	Remarks, if any.
-----	-----	-----	-----	-----

- 1.
- 2.
- 3.
- 4.
- 5.

(Family for this purpose means the family as defined in Para 2(j) of the LIC of India (Regular Part-time Employees) Pension Scheme, 1999.

(Note : Although the details of payment of Corporation's contribution to P.F. together with interest thereon have been indicated, this is subject to verification by the office and the amount quoted by the office will be final and binding on the applicant).

* The signature has to be attested by a Class-I Officer of LIC.

** Strike out whichever is not applicable. (those who have retired prior to 1.11.1993 have to pay interest @ 6% and those who have retired on or after 1.11.1993 have to pay interest @ 12%).

(Note : Any additions/alterations in the text of the above form will render the option invalid).

Signature of the Applicant

Name of the deceased regular :
part-time employee

Designation at the time of :
retirement/death

Office in which he/she was :
working at the time of
cessation from service
(indicate the name of
controlling D.O. & Z.O. also)

Date of Retirement and/or :
death

S.R.No. :

Applicant's present address :

	<u>Amount</u>	<u>Date</u>
Amount of Corporation's contribution to P.F. and interest thereon received (Gross). (In case any payment/s subsequent to the payment immediately after retirement has been received, the same should also be indicated with the date of settlement).	1. 2. 3.	

(Note : Although the details of payment of Corporation's contribution to P.F. together with interest thereon have been indicated, this is subject to verification by the office and the amount quoted by the office will be final and binding on the applicant).

Details of the family of the deceased regular part-time employee:

Sr. No.	Names of the members of the	Date of Birth	Relationship with the employee	Remarks, if any.
1.				
2.				
3.				
4.				
5.				

(Family for this purpose means the family as defined in Para 2(j) of the LIC of India (Regular Part-time Employees) Pension Scheme, 1999.

Yours faithfully,

(Signature of the claimant)

Option form to be filled in by the first eligible member of the family of

- i) employee who was in service on 1.1.1986 but died on or before 31.10.1993 or had retired on or after 1.1.1992 but prior to 31.10.1993 but died before the date of circulation of Scheme.
 - ii) employee who joined on or before 31.10.1993 but died while in service after 1.11.1993 but before circulation of Scheme.
 - iii) employee who joined service on or after 1.11.1993 but died before the date of circulation of Scheme.
-

(To be filled in duplicate)

The Sr./Divisional Manager/
Regional Manager(E&OS)/
Executive Director(OS),
LIC of India,

Space for affixing
attested passport
size photo

Dear Sir,

I have read and understood the Life Insurance Corporation of India (Regular Part-time Employees) Pension Scheme, 1999 and I hereby opt for payment of family pension as per the said Pension Scheme. I undertake to refund the Corporation's contribution to Provident Fund together with interest thereon that was due to Shri/Smt. _____ (mention the name and relationship) plus simple interest thereon at 6% per annum/12% per annum (**) from the date of settlement of the Provident Fund account (date of retirement) till the date of repayment to the LIC within the prescribed time-limit. I give below the necessary details in respect of the above Shri/Smt.

Yours faithfully,

(Signature of the claimant)

Place :

Date :

(**) Strike out what is not applicable.

P.T.O.

Name of the deceased regular :
part-time employee

Designation at the time of :
retirement/death

Office in which he/she was :
working at the time of
cessation from service
(indicate the name of
controlling D.O. & Z.O. also)

Date of Retirement and/or :
death

S.R.No. :

Applicant's present address :

	<u>Amount</u>	<u>Date</u>
Amount of Corporation's contribution to P.F. and interest thereon received (Gross)	1.	
	2.	
	3.	

(Note : Although the details of payment of Corporation's contribution to P.F. together with interest thereon have been indicated, this is subject to verification by the office and the amount quoted by the office will be final and binding on the applicant).

Details of the family of the deceased regular part-time employee:

Sr. No.	Names of the members of the	Date of Birth	Relationship with the employee	Remarks, if any.
1.				
2.				
3.				
4.				
5.				

(Family for this purpose means the family as defined in Para 2(j) of the LIC of India (Regular Part-time Employees) Pension Scheme, 1999.

(Signature of the claimant)

Form of application for commutation of a fraction
of Pension without Medical Examination

(To be filled in duplicate)

The Sr./Divisional Manager/
Regional Manager(E&OS)/
Executive Director(OS),
LIC of India,

| Space for affixing |
| attested passport |
| size photo |

Dear Sir,

Re : Commutation of Pension without Medical Examination

I retired from the services of the Corporation with effect from _____ and have opted to be governed by the LIC of India (Regular Part-time Employees) Pension Scheme, 1999. 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 :
Designation at the time :
of retirement
Name of Office :
S.R.No. :
Date of Birth :
Date of Retirement :
Fraction of Pension to be:
commuted (not exceeding
1/3rd of pension).
Reason of Retirement :

Signature

Residential Address

Place :

Date :

Form of Personal Statement/Medical Report

Part-I

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

1. Name of the applicant :
2. Date of Birth :
3. Particulars regarding parents :

	If Living		If Dead	
	Age	State of health	Age at death	Cause of death
Father				
Mother				

4. Have you been considered for invalid pension? If so, state the ground thereof.
5. Have you been granted leave on medical certificate for more than one week during the last three years? If so, give details.
6. Have you during the last three years
 - a) suffered from any major illness requiring hospitalisation? If so, give details.
 - b) undergone any major surgical operation?
 - c) lost or gained weight markedly?

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

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

* Signature of the applicant

Place :

Date :

(* To be signed before the medical examiner)

P.T.O.

Form of authorisation to be filled in by the retired Regular Part-time Employee for adjustment of the commuted value of pension and arrears of pension towards refund of LIC's contribution to Provident Fund with accrued interest thereon plus simple interest on such amount @ 6% per annum/12% per annum from the date of settlement of Provident Fund to the date of refund

(To be filled in duplicate)

The Sr./Divisional Manager/
Regional Manager(E&OS)/
Executive Director(OS),
LIC of India,

_____,

Dear Sir,

I hereby authorise the Life Insurance Corporation of India to adjust the amount of commuted value and if necessary, arrears of pension payable to me towards amount refundable by me to the Corporation representing Corporation's contribution to the Provident Fund and accrued interest due to me at the time of settlement of my P.F. account on my retirement from the service of the Corporation together with simple interest thereon at 6% per annum/12% per annum (**) from the date of settlement of my P.F. account (date of retirement) to the date of refund.

(Signature)

Name in Full :

Designation at the time of retirement :

Office from which retired :

Place :

Date :

Witness :

Signature :
Name :
S.R.No. :
Designation :
Office :

(* Strike out whichever is not applicable)

Form of receipt to be obtained for payment of
commuted value

Received from the LIC of India (Regular Part-time Employees)
Pension Fund the sum of Rs. _____ (Rupees _____
_____) being the commuted value
of pension payable to me in accordance with the provisions of the
LIC of India (Regular Part-time Employees) Pension Scheme, 1999.

Place :

Signature

Date :

Name

Designation at the
time of Retirement

Office from which
Retired

S.R.No.

Witness :

Signature :

Name :

S.R.No. :

Designation :

Office :

Signature Verified

(Signature of the Officer verifying)

(To be signed on a Revenue Stamp of Rs.1/- if the amount
exceeds Rs.500/-)

Details of the members of the family

Name of the Regular Part-time :
Employee

Designation :

Date of Birth :

Date of Retirement :

Details of the members of the :
family as on

I hereby give the details of the members of my family as required for the purpose of payment of Family Pension in accordance with the provisions of the LIC of India (Regular Part-time Employees) Pension Scheme, 1999 :

Sr. No. of family	Name of Member	Date of Birth	Relationship with the Regular Part-time employee	Remarks, if any.
-------------------	----------------	---------------	--	------------------

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

Place :

Signature

Date :

Note : Family for this purpose means the family as defined in Para 2(j) of the LIC of India (Regular Part-time Employees) Pension Scheme, 1999.

Letter to the approved Medical Examiner

Ref.No. :

Date :

Dr. _____
Code No. _____

Dear Sir/Madam,

Re : Medical Examination - Commutation of Pension

Shri/Smt./Kum. _____ who retired from service on _____ as _____ has applied for commuting a fraction of his/her pension for a lumpsum payment.

2. In terms of Para 34 of the LIC of India (Regular Part-time Employees) Pension Scheme, 1999, Shri/Smt./Kum. _____ required to be examined by a Medical Examiner approved by the Corporation. It is requested that medical examination of Shri/Smt./Kum. _____ may be done as expeditiously as possible before his/her next birthday which falls on _____.
3. A copy of this letter is being endorsed to him/her so that he/she may appear for Medical Examination before you at the earliest.
- *4. The report of the statement of the applicant's case is also enclosed since he/she has previously commuted a fraction of the pension or declined to accept commutation on the basis of addition of years to his/her actual age or has been refused commutation on medical grounds.

Yours faithfully,

Signature of the authorised Officer

C.C. to : Shri/Smt./Kum. _____ with the request to report to the Medical Examiner as given above at his dispensary for medical examination. The timing regarding the availability of the Doctor should be ascertained and the enclosed Form-7-P should be carried during the medical examination with the particulars required in Part-I completed except the signature.

Signature of the authorised Officer

* May be struck off, if not applicable.

Pension Data Sheet

(To be filled by the Office in duplicate)

1. Name of the Regular Part-time Employee :
2. Salary Roll No. :
3. Designation at the time of Retirement :
4. Grade in which he was at the time of Retirement :
5. Date of Birth :
6. Date of Appointment on Probation :
7. Mode of Retirement/Cessation Service : on attaining age of superannuation/voluntarily retired/compulsory retirement/dismissal/removal.
(strike out whichever is not applicable)
8. Date of Retirement :
9. Whether any amount such as advance, excess payment etc. are recoverable from pension. If so, indicate the amount. :
10. Periods not to be counted as qualifying service i.e. dies-non E.O.L. other than on medical certificate and in excess of 12 months on medical certificate or due to riots commotion, etc. :
11. Whether he has opted for commutation :
12. Date when commutation becomes absolute :
13. Fraction of pension to be commuted :

P.T.O.

14. Amount of Corporation's contribution together with interest. (If the amount was paid on more than one occasion such as at the time of retirement, subsequent payment of arrears on account of revision of salary, etc. indicate the payment on each occasion separately)

<u>Date of Payment and reason</u>	<u>Amount</u>
1.	
2.	
3.	
TOTAL :	

15. Pay drawn at the time of retirement (indicate separately basic pay. Also indicate/ increment portion of Fixed Personal Allowance and D.A. payable on AICPI at which the revised pay scales have been pegged wherever applicable).

16. Basic Pay for the last 10 months * (including the month in which the Regular Part-time Employee retired).

<u>Month</u> - <u>Year</u>	<u>Amount</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

* [Note : If in any month, some days cannot be counted as service because of E.O.L., Dies-non, etc. give information for a longer period so as to ascertain actual pay drawn during last 10 months period. Further, against such months indicate the number of days of E.O.L., Dies-non, etc. for which no salary was paid.]

17. Details of family as given by the Regular Part-time Employee:

<u>Sr. No.</u>	<u>Name of the member of the family</u>	<u>Date of Birth</u>	<u>Relationship with the Regular Part-time employee</u>

(Signature of the authorised official)

Place :

Proforma for Pension Files Register

1. Sr. No. :
2. Name of the Regular Part-time Employee :
3. Salary Roll No. :
4. Designation at the time of Retirement :
5. Office in which he was working at the time of retirement :
6. Mode of exit i.e. Normal superannuation, voluntary retirement, compulsory retirement, termination, removal, dismissal, etc. :
7. Whether has applied for commuted value :
8. When Pension File was sent to Zonal Office? :
9. Date on which final sanction received from Zonal Office. :
10. Date on which commuted value and Pension after sanction paid :
11. Remarks, if any. :

(Signature of the authorised Officer)

Advance receipt to be obtained before (Payment of Pension)

Received Rs. _____ (Rupees _____)
_____) from the Life Insurance Corporation of India being the amount of arrears/pension payable for the period from _____ to _____.

Signature verified

Signature

| Revenue |
Stamp

(Signature of the Officer)

Name

Name, Designation & Deptt.

Address

Date

Advance receipt to be obtained before (Payment of Pension)

Received Rs. _____ (Rupees _____) from the Life Insurance Corporation of India being the amount of Pension payable for the month/s of _____.

Month	Amount of Pension	Date of Cheque	Remarks Cheque No.
Aug./Feb.		01.09. 01.03.	Revenue Stamp
Sep./Mar.		01.10. 01.04.	Revenue Stamp
Oct./Apr.		01.11. 01.05.	Revenue Stamp
Nov./May		01.12. 01.06.	Revenue Stamp
Dec./Jun.		01.01. 01.07.	Revenue Stamp
Jan./Jul.		01.02. 01.08.	Revenue Stamp

Signature verified

Signature

Revenue
Stamp

(Signature of the Officer)

Name

Name, Designation & Deptt.

Address

Date

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

FORM OF LETTER TO THE WIDOW/WIDOWER/SON/DAUGHTER OF A
DECEASED PART TIME EMPLOYEE FOR GRANT OF FAMILY PENSION

Dear Sir/Madam,

Re : Payment of family pension in respect of late
Shri/Smt. _____

In terms of Para 32 of the LIC Of India, Regular Part time
(Employees) Pension Scheme, 1999, a family pension is payable to
you as widow/widower/son/daughter of late Shri/Smt. _____

(Name)

_____ in the _____ at _____
(Designation) (Office) (Place)

2. You are advised that a claim for the grant of family pension may be submitted in the enclosed form.
- *3. The family pension will be payable till your death or remarriage, whichever is earlier/in case of a Son till he attains 25 years of age/in case of an unmarried daughter till she attains the age of 25 years or till she gets married whichever is earlier.
- *4. In the event of your death, the family pension shall be granted to the eligible child, if any, through the guardian, if necessary.

Yours faithfully,

Signature of the authorised Officer

*Strike out what is not applicable.

FORM OF APPLICATION FOR FAMILY PENSION ON THE DEATH OF
THE REGULAR PART TIME EMPLOYEE/PENSIONER

(To be completed in duplicate)

1. Name of the applicant :

2. Relationship to the
deceased : Widow/Widower/
Son/Daughter

Guardian of the applicant

Space for affixing attested passport size photograph
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3. Name and age of surviving widow/
widower and children of the deceased
employee/pensioner

S.NO.	Name	Relationship with the deceased regular employee/pensioner	Date of Birth
-------	------	---	------------------

4. Salary Roll No. of the deceased regular Part-time employee/
pensioner:

5. Date of death of the regular part-time employee/pensioner:

6. Office in which the deceased regular part-time employee/
pensioner was working last:

7. If the applicant is guardian, his date of birth and
relationship with the deceased regular part time employee/
pensioner.

8. Full address of the applicant:

9. Enclosures:

- i) Two specimen signatures of the applicant,
duly attested (to be furnished in two
separate sheets)
- ii) Two copies of passport size photographs of
the applicant duly attested.
- iii) Certificate(s) of age of children whose
date of birth is not already available with
the office (municipal birth certificate or
extract from school register of the school in
which the child is studying).

P.T.O.

10. Signature or left hand thumb impression of the applicant:

11. Thumb impression attested by :

Name :

Address :

12. Witnesses :

(1)

(2)

Attestation should be by a Class I Officer of LIC or a
Gazetted Government servant or two respectable persons from
the village where the applicant resides.

Data Sheet for Calculation of Family Pension

(To be completed by office in duplicate)

Part I

1. Name of the deceased regular Part time employee/pensioner.
2. Designation
3. Office in which he/she was working last
4. Date of birth
5. Date of appointment
6. Date of cessation of service
7. Date of death
8. Number of years of qualifying service
9. Date of intimation of death
10. Name, relationship and full address of the person to whom the family pension is now payable
11. Pay last drawn by the deceased regular Part time employee/pensioner at the time of death while in service/at the time of retirement
12. Whether any amount is recoverable from pension
13. Date on which claim form received from the applicant
14. Name of guardian, where applicable, who will receive the payment.
16. Whether the employee was covered by Workmen's Compensation Act, 1923 and if so, indicate the amount of compensation paid.

(Signature of Authorised Officer)

P.T.O.

PART II

(To be used by the office for calculation)

1. Number of years of service rendered by regular Part-time employee :
2. Pay drawn by the deceased regular Part-time at the time of his death/retirement :
3. Pension drawn at the time of death (show basic pension and additional pension, if any, separately) :
4. 50% of pay drawn as at (2A) Above :
5. Basic Family Pension at the ordinary rate :
6. Basic Family Pension at one and half times of ordinary rate :
7. Basic Family Pension at twice the ordinary rate :

* i) Sanctioned Rs. _____ per month as family pension at the enhanced rate for the period from _____ to _____. The basic family pension at enhanced rate is Rs. _____.

ii) Sanctioned Rs. _____ per month as family pension at ordinary rate from _____ (indicate the date following the date on which the period mentioned in (i) above for which enhanced rate of family pension is payable expires).

Signature of the authorised Officer

Chart for updating Pension at 600 Points

(To be used for updating the pay drawn in the scales in force prior to revision from 1.8.1987)

Dearness Relief - 80.40% of Pension
calculated on slab basis.

Annexure-19-P

Form in which particulars of existing part-time employees who have opted to be governed by Pension Scheme are to be sent to Zonal Office Pension Cell and P.F. Deptt.

1. Sr. No. :
2. Name of the regular part-time employee :
3. S.R. No. :
4. Designation :
5. Date of appointment :
6. Date of birth :
7. Present Basic Pay :
8. Date from which contributing to P.F. :
9. Option letter received on
10. Month from which payment of employer's contribution to P.F. has actually been stopped :
11. Whether family particulars form has been received? (If so, a copy of the same to be sent to Zonal Office Pension Cell along with this statement.) :

Form of letter to be written to the eligible family member of part-time employee who has opted for pension benefits (those who have given the option in Form 4A-P)

Dear Sir/Madam,

We have received your letter dated _____ opting for pension and agreeing to refund the employer's contribution to the Provident Fund together with interest thereon due to late Shri/Smt. _____ on his/her retirement with further interest at the rate of 12% p.a. from the date of settlement of P.F. to the date of refund. You are entitled to the following:-

- (a) pension of Rs. _____* (basic pension Rs. _____ less commuted) from the day following the date of retirement to the date of death;
- (b) commutation of a fraction of this pension as per Scheme (maximum 1/3rd of the total pension can be commuted) which comes to Rs. _____ ;
- (c) family pension of Rs. _____ from the date following the date of death as per the conditions given below - and
- (d) Dearness Relief on basic pension and basic family pension as per Scheme.

* * The family pension will be payable till your death or remarriage, whichever is earlier/in case of a son till he attains 25 years of age/in case of an unmarried daughter till she attains the age of 25 years or till she gets married, whichever is earlier.

* * In the event of your death the family pension shall be granted to the eligible child, if any, through the guardian, if necessary.

If the above terms are acceptable to you, you are requested to arrange to pay to the LIC an amount of Rs. _____ towards refund of employer's contribution to P.F., interest thereon and further interest upto the date of refund on or before _____, so as to enable us to process the case further. This amount may be sent either by cheque drawn on any bank at _____ or by a demand draft.

Yours faithfully,

* Here indicate the balance pension payable after commutation

* * Delete what is not applicable

Form of letter to be written to the eligible family member of the part-time employee who opts for payment of family pension (those who have given the option in Form 4B-P)

Dear Sir/Madam,

We have received your letter dated _____ opting for family pension and agreeing to refund the employer's contribution to the Provident Fund together with interest thereon due to late Shri/Smt. _____ on his/her retirement/death with further interest at the rate of 6% per annum / 12% per annum from the date of settlement of P.F. to the date of refund. The amount of family pension that will be payable to you works out to Rs. _____ p.m. and the same is payable from _____ onwards together with Dearness Relief thereon.

Please note no fraction of the family pension will be allowed to be commuted for a lump sum.

* The family pension will be payable till your death or remarriage, whichever is earlier/in case of a Son till he attains 25 years of age/in case of an unmarried daughter till she attains the age of 25 years or till she gets married, whichever is earlier.

* In the event of your death the family pension shall be granted to the eligible child, if any, through the guardian, if necessary.

If the above terms are acceptable to you, you are requested to arrange to pay to the LIC an amount of Rs. _____ towards refund of employer's contribution to P.F., interest thereon and further interest upto the date of refund on or before _____, so as to enable us to process the case further. This amount may be sent either by cheque drawn on any bank at _____ or by a demand draft.

Yours faithfully,

* Strike out what is not applicable

Form of Nomination for receipt of Commuted Value, Arrears of Pension and Pension, if any, in the event of death of the part-time employee without receiving the commuted value.

I, _____ hereby nominate the person named below to receive the Commuted Value and/or Arrears of Pension in the event of my death.

1. Name and address of Nominee :
2. Relationship with pensioner :
3. Date of birth of nominee :
4. If nominee is minor, name and address of person who may receive the Commuted Value of Pension during the nominee's minority :
5. Name and address of other nominee in case the nominee under (1) above predeceases the pensioner :
6. Relationship with pensioner :
7. Date of birth :
8. If the other nominee is minor: name and address of person who may receive the Commuted Value of pension during the other nominee's minority :
9. Contingency on happening of which nomination shall become invalid :

Place :

Signature of :
pensioner

Date :

Signature of witness :

Name :

Name and address :

Address :

Life Certificate to be submitted by a pensioner as
on 1st August every year.

Certified that I have seen the pensioner Shri/Smt./Kum.
(whose specimen signature
is given below) and that he/she is alive on this date.

Signature :

Name :

Occupation/
Designation :

Address :

Date :

Specimen
Signature of
the pensioner :

Note : This certificate should be signed by a Class-I
Officer of the L.I.C. or a Gazetted Officer or a
Registered Medical Practitioner.

Declaration from the beneficiaries of Family Pension on
1st August of every year

I _____ (full name)
widow/widower/son/daughter of late Shri/Smt./Kum. _____
_____ (name of the deceased Employee/Pensioner),
S.R.No. _____, declare that (whichever is applicable and
score off the rest)

- a) I have not remarried subsequent to the death of my spouse
(in case of widow/widower).
- b) My age is _____ years (in case of son)
- c) My age is _____ years and I am yet to be married (in case of
daughter)

Place :

Date :

Signature of the claimant

RATE OF DEARNESS ALLOWANCE PAYABLE TO PENSIONERS

For persons who have retired prior to 1.8.1992

Basic Pension	Period	No. of slabs (Over AICPI 600 in the series 1960=100)	DA Rate
Upto Rs.1250/-	01.11.1993 to 31.01.1994	154	103.18% of Basic Pension
Upto Rs.1250/-	01.02.1994 to 31.07.1994	174	116.56% of Basic Pension
Upto Rs.1250/-	01.08.1994 to 31.01.1995	186	124.62% of Basic Pension
Upto Rs.1250/-	01.02.1995 to 31.07.1995	207	138.69% of Basic Pension
Upto Rs.1250/-	01.08.1995 to 31.01.1996	220	147.4% of Basic Pension
Upto Rs.1250/-	01.02.1996 to 31.07.1996	243	162.81% of Basic Pension
Upto Rs.1250/-	01.08.1996 to 31.01.1997	254	170.18% of Basic Pension
Upto Rs.1250/-	01.02.1997 to 31.07.1997	279	186.93% of Basic Pension
Upto Rs.1250/-	01.08.1997 to 31.01.1998	285	198.95% of Basic Pension
Upto Rs.1250/-	01.02.1998 to 31.07.1998	303	203.01% of Basic Pension
Upto Rs.1250/-	01.08.1998 to 31.01.1999	331	221.77% of Basic Pension
Upto Rs.1250/-	01.02.1999 to 31.07.1999	384	257.28% of Basic Pension
Upto Rs.1250/-	01.08.1999 to 31.01.2000	365	244.55% of Basic Pension

RATE OF DEARNESS ALLOWANCE PAYABLE TO PENSIONERS

For Persons who have retired after 1.11.1993

Basic Pension	Period	No. of slabs (Over AICPI 1148 in the series 1960=100)	DA Rate
Upto Rs.2400/--	01.11.1993 to 31.01.1994	17	5.95% of Basic Pension
Upto Rs.2400/--	01.02.1994 to 31.07.1994	37	12.95% of Basic Pension
Upto Rs.2400/--	01.08.1994 to 31.01.1995	49	17.15% of Basic Pension
Upto Rs.2400/--	01.02.1995 to 31.07.1995	70	24.5% of Basic Pension
Upto Rs.2400/--	01.08.1995 to 31.01.1996	83	29.05% of Basic Pension
Upto Rs.2400/--	01.02.1996 to 31.07.1996	106	37.10% of Basic Pension
Upto Rs.2400/--	01.08.1996 to 31.01.1997	117	40.95% of Basic Pension
Upto Rs.2400/--	01.02.1997 to 31.07.1997	142	49.70% of Basic Pension
Upto Rs.2400/--	01.08.1997 to 31.01.1998	148	51.00% of Basic Pension
Upto Rs.2400/--	01.02.1998 to 31.07.1998	166	58.10% of Basic Pension
Upto Rs.2400/--	01.08.1998 to 31.01.1999	194	67.9% of Basic Pension
Upto Rs.2400/--	01.02.1999 to 31.07.1999	247	86.45% of Basic Pensio
Upto Rs.2400/--	01.08.1999 to 31.01.2000	228	79.00% of Basic Pension

Calculation of Basic Pension, Commuted Value and Pension
for Part-time Employees retiring on or after 31.1.1991

Date of Joining : 01.01.1982

Date of Retirement : 31.03.1992

Qualifying service : 10 years

Age at retirement : 60 years

Particulars	Continuously 10 years for 4 Hrs.	Continuously 10 years for 3 Hrs.	Continuously 10 years for 2 Hrs.
1. Average Emoluments	545	400	273
2. Basic Pension	$\frac{545 \times 10}{2 \times 33} = 82.57$	$\frac{400 \times 10}{2 \times 33} = 61.06$	$\frac{273 \times 10}{2 \times 33} = 41.36$
3. Minimum Pension	100.00	141.00	04.00
4. Computed portion :	63.00	47.00	31.00
5. Pension after Computation	125.00	04.00	63.00
6. Date of Computation : 1.11.1993			
7. Computed Value :	$63 \times 12 \times 0.40$ = 7,106.00	$47 \times 12 \times 0.40$ = 5,346.72	$31 \times 12 \times 0.40$ = 3,526.56
8. Total Pension (DA as on 1.11.93)	= 125 + 103.07 = Rs.310.97	= 04 + 145.40 = 230.40	= 63 + 96.00 = 159.00

Calculation of Basic Pension, Commuted Value and Pension
for Part-time Employees retiring on or after 31.8.1992

Date of Joining : 01.01.1982

Date of Retirement : 31.01.1996

Qualifying service : 14 years

Age at retirement : 60 years

Particulars	Continuously 14 years for 4 Hrs.	Continuously 14 years for 3 Hrs.	Continuously 14 years for 2 Hrs.
1. Average Emoluments	1215	911	608
2. Basic Pension	$\frac{1215 \times 14}{2 \times 33} = 257.72$	$\frac{911 \times 14}{2 \times 33} = 193.24$	$\frac{608 \times 14}{2 \times 33} = 128.96$
3. Minimum Pension	360.00	270.00	180.00
4. Commuted portion :	120.00	90.00	60.00
5. Pension after Commutation	240.00	180.00	120.00
6. Date of Commutation: 01.02.1996			
7. Commuted Value :	$120 \times 12 \times 9.81$ = 14,126.40	$90 \times 12 \times 9.81$ = 10,594.80	$60 \times 12 \times 9.81$ = 7,063.20
8. Total Pension (DA as on 28.2.1996) (Slabs 196)	= 240 + 133.56 = Rs.373.56	= 180 + 100.17 = 280.17	= 120 + 66.78 = 186.78

Calculation of Family Pension of Part-time Employee

Name - XYZ

S.R.No.358756

Designation : Part-time Employee

Date of Appointment : 1.1.1982

Date of Death : 11.6.1986

Number of years service rendered by the employee : 4 years

Average Pay drawn by the deceased employee at the time of death/retirement : Rs.227.50

Basic Family Pension : $227.50 \times 30\% = 68.25$

Minimum Pension : Rs.50/-

Updated Pension as on 1.11.1993 : 80.40% of Rs.50 = Rs.40.20

Total Basic Pension : $Rs.50 + 40.20 = Rs.90.20$

Since minimum pension is Rs.188/- p.m. family will get pension of Rs.188/- p.m. alongwith Dearness Relief.

No enhanced pension as employee died after putting 4 years of service.

Calculation of Family Pension of Part-time Employee

Name - ABC

S.R.No.

Designation : Part-time Employee

Date of Appointment : 1.1.1982

Date of Death : 14.6.1997

Average Pay drawn by the : Rs.632.50
deceased employee at the time
of death/retirement

50% of Pay : Rs.316.25

Basic Family Pension : $632.50 \times 30\% = 189.75$

Minimum Pension : Rs.360/-

Rate of family pension payable to the family shall be equal to 50% of the pay last drawn or twice the family pension (i.e. $Rs.189.75 \times 2 = Rs.379.50$), whichever is less, for 7 years or upto age 65 years.

However, minimum pension is Rs.360/-.

Therefore, the Basic Family Pension payable to Mr.ABC will be Rs.360/- plus dearness relief.