

ANNEXURE –IV  
(see Guidelines)

**Photo**

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

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

(UNDER NEW HEALTH INSURANCE SCHEME, 2018  
FOR PENSIONERS (INCLUDING SPOUSE) /FAMILY  
PENSIONERS)

- 1 a) PPO No: :
- b) Name of Pension Disbursing Office :
- c) Scheme Type : Tamil Nadu Maritime Board, Head Office,  
Chennai, Thro 'SBI
2. PPO No: OAC / UST (in the case of Pensioners who are getting payment out side the State) :  
Treasury/sub Treasury / Pension Pay Office, Chennai / Public Sector Banks with Branch Name through which Pension/Family Pension is drawn. :
3. Name of the Pensioners /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 :

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

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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 pensioner only) :
13. Date of Retirement of Pensioner :
14. Details of Legal Heir  
(a) Name :  
(b) Relationship :  
(c) Phone / Mobile :  
(d) E.mail ID  
(for communication purpose)
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Certified that the above particulars furnished by me are correct.

**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 :

Disignation

Date:

Seal :

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THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2018  
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ANNEXURE \*

NEW HEALTH INSURANCE SCHEME, 2018 FOR PENSIONERS  
(INCLUDING SPOUSE) /FAMILY PENSIONERS

Name of the Pensioner : Category of Pensioner :

Pension Payment Order No: Bank & Branch :

SI No:	Categories	Option (Yes/No)	Remarks
1.	All India Service (AIS) Pensioner	Y N	( Applicable/Not Applicable )
2.	A Pensioner who is a recipient of All India Service (AIS) Family Pension	Y N	( Applicable/Not Applicable )
3.	If Spouse of the Pensioner is a State Government Employee	Y N	( Applicable/Not Applicable )
	Details of Spouse: a) Name of Spouse : b) Office of Spouse : c) Designation of Spouse : d) NHIS, 2016 for Employees' ID Card No. of the Spouse		
4.	If both Husband and Wife are Pensioners	Y N	( Applicable/Not Applicable )
	Details of Spouse a) Name of Spouse : b) Spouse's PPO No. : c) Whether the NHIS, 2018's subscription is deducted from the spouse. :		Y N

\*This annexure is to be filed and handed over to the authorities concerned only by the above categories of Pensioners / Family Pensioners.

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SI No:	Categories	Option (Yes/No)	Remarks
5.	If a Pensioner is also a Family Pensioner <b>Details of Family Pensioner</b> a) PPO No. b) Place of PDO c) Bank with Branch d) Account No. from where Family Pension is drawn	Y    N  : : : :	( Applicable / Not Applicable )
6.	If an individual drawn more than one Family Pension <u><b>Details of other pension from which recovery should not be done</b></u> a) PPO No. b) Place of PDO c) Bank with Branch d) Account No.	Y    N  : : : :	

Certified that the above particulars furnished by me are correct.

**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             :