



# INDIAN INSTITUTE OF TECHNOLOGY KANPUR

## **OPTION FORM FOR PENSIONERS / FAMILY PENSIONERS / EMPLOYEES RETIRED UNDER CONTRIBUTORY PROVIDENT FUND AND NEW PENSION SCHEME OPTING MEDICAL INSURANCE SCHEME**

Deadline: February 12, 2018

My details are furnished below:

1. Name : \_\_\_\_\_
2. Retiree covered under : GPF / CPF / NPS \_\_\_\_\_ (Kindly Tick)
3. PF No : \_\_\_\_\_
4. Key No : \_\_\_\_\_
5. Beneficiary : Pensioners (Self and Spouse) /Family Pensioners (Self or Spouse)  
(Kindly Tick) \_\_\_\_\_

6. Details:

#	Name	Relationship	Date of Birth	Completed Age in years as on January 31, 2018
1.		Self		
2.		Spouse		

7. Present Address : \_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_

8. Email ID (If any) : \_\_\_\_\_

9. Telephone/Mobile No: \_\_\_\_\_/\_\_\_\_\_

10. Permanent Account Number: \_\_\_\_\_ 11. Aadhar Number: \_\_\_\_\_

**Note: The scheme is valid for a period of one year (Financial Year). Premium charged by the company shall be paid by the pensioners through the Institute to the Insurance Company.**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**The form may be submitted to the Pension Unit, Accounts Section, IIT Kanpur – 208016 or emailed to [pension@iitk.ac.in](mailto:pension@iitk.ac.in) on or before 5:30 pm of 12 February 2018**