

FORM OF OPTION

(To be given by the widow/widower and in the absence thereof by an Eligible surviving member of the family of deceased employees eligible for Family Pension)

I _____ widow/widower/eligible member for family pension of _____ who was employed as _____ in the Deptt./Office of _____ holder of CPF Account No _____ and expired on _____ do hereby opt/re-opt to be governed by the LUVAS Employees Pension Scheme as circulated vide Comptroller's Notification No. CVU/LUVAS/P-8/2019/_____ dated 01.10.2019.

i) I further undertake to refund the University Contribution along with interest as per State Government notification issued by ACS, AH&D vide Memo. No. 6449(CFMS)-AH-4-2019/9497 dated 19.09.2019.

OR

i) I certify that the final payment of CPF of deceased employee has not been received so far.

I further hereby undertake that in the event of any subsequent clarification(s) received from the State Government in the above matter, the same shall be binding upon me.

Place:
Dated:

Signature of the claimant

Accepted

Head of Deptt./Office
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Office Receipt No.....
Dated: