

**FORM OF OPTION**  
(To be given by the existing employees)

I \_\_\_\_\_ employed as \_\_\_\_\_  
in the Deptt./Office of \_\_\_\_\_ holder of CPF Account  
No \_\_\_\_\_ do hereby 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 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 employee

Accepted

Head of Deptt./Office  
.....  
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.....

Office Receipt No.....  
Dated: .....