ANNEXURE-III

(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, 2026 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.]

1.	(a) **PPO No.**	**:**	
	(b)Name of Pension Disbursing Office	**:**	
2.	PPO No. OAC/UST (in the case of Pensioners who are getting payment outside the State)	**:**	
	Treasury / Sub Treasury / Pension Pay Office, Chennai.	**:**	
3.	Name of the Pensioner / 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.p	**:**	
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.	**:**	
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 No.	**:**
	(d) E_Mail ID (for communication purpose).	**:**

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 :