ANNEXURE III-A
(Option Form)
NEW HEALTH INSURANCE SCHEME, 2026 FOR PENSIONERS (INCLUDING SPOUSE)/ FAMILY PENSIONERS.

Name of the Pensioner : **Category of Pensioner :**
Pension Payment Order No. : **Bank & Branch :**

OPTIONS TO BE EXERCISED

[The scheme is compulsory for all Pensioners / Family Pensioners. The following categories of Pensioners / Family Pensioners/CPS and TAPS retirees alone are entitled to exercise their option.]

Sl. 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. **Details of Spouse**.	**Y**	**N**	[Applicable] / [Not Applicable]
	(a) Name of Spouse.		**:**	
	(b) Office of Spouse.		**:**	
	(c) Designation of Spouse.		**:**	
	(d) Previous NHIS ID Card No. of the Spouse.		**:**	
4.	If both Husband and Wife are Pensioners. **Details of Spouse**.	**Y**	**N**	[Applicable] / [Not Applicable]
	(a) Name of Spouse.		**:**	
	(b) Spouse's PPO No.		**:**	
	(c) Whether the NHIS, subscription is deducted from the spouse previous NHIS Scheme		**:**	**Y** **N**
5.	If a Pensioner is also a Family Pensioner. **Details of Family Pensioner**.	**Y**	**N**	[Applicable] / [Not Applicable]
	(a) PPO No.		**:**	
	(b) Place of PDO.		**:**	
	(c) Bank with Branch.		**:**	

	(d) Account No. from where Family Pension is drawn.		:	
6.	If an individual draws more than one Family Pension. **Details of Other Pension from which recovery should not be done**.	**Y**	**N**	[Applicable] / [Not Applicable]
	(a) PPO No.		:	
	(b) Place of PDO.		:	
	(c) Bank with Branch.		:	
	(d) Account No.		:	
7.	In the case of CPS/TAPS retirees including their spouse	**Y**	**N**	
	(a) CPS/TAPS No.		:	
	(b) Name of CPS/TAPS retirees			
	(c) Name of spouse		:	
	(d) Details of amount paid		:	
	(e) District		:	

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

Certified that the above particulars furnished by me are correct.

Signature/Thumb Impression of the Pensioner / Family Pensioner / CPS Retirees/TAPS

Certified that the above particulars are verified with the pension/ CPS 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 and Head Office in case of CPS Retirees/TAPS

Name :
Designation :
Date :