	<b>Bank of India Head Office</b>	<b>Terminal Benefits Division Human Resources Department</b>
<b>Branch Circular No.:112/13</b>	<b>Sub : Human Resources/ 2018-19/</b>	
<b>Sub-Subject: Pension/01</b>		
<b>Ref : TBD:VSV:</b>	<b>Date: 26.04.2018</b>	

**CIRCULAR TO ALL BRANCHES / OFFICES**

**Option to join Bank of India (Employees')  
Pension Scheme, 1995 to Compulsorily  
Retired Officers/Employees**

=====

The Board of Directors during the meeting held on 12.04.2018, has approved to extend option for pension to Compulsory Retired officers/employees in terms of Joint Note/Bipartite Settlement 27.04.2010 provided they withdraw the court cases filed by them, if any, against the Bank for not extending pension option to them.

2. The pension option to be extended to compulsorily retired employees / officers, shall be to those who,

(a) were in the service of the bank prior to 29<sup>th</sup> September 1995 and compulsorily retired from the service of the bank on or before the date of the settlement i.e. 27<sup>th</sup> April 2010.

(b) exercise an option in writing within 60 days from the date of offer, to become a member of the Pension Fund and

(c) refund within 30 days after expiry of the said period of 60 days, the entire amount of the Bank's Contribution to the Provident Fund and interest accrued thereon received by the employees on compulsory retirement, plus 56% of the said received amount as his/her share in contribution towards meeting the funding gap as per the said settlement.

(d) the family of those employees who were in the service of the bank prior to 29<sup>th</sup> September 1995 and compulsorily retired after that date i.e. 29.09.1995 and died thereafter will be eligible for family pension, Provided -

- i. the family of the deceased employees exercise option in writing within 60 days of the offer to become a member of the Pension Fund and.
- ii. refund within 30 days after expiry of the said period of 60 days, the entire amount of the Bank's Contribution to the Provident Fund and interest accrued thereon received by the deceased employee on retirement plus 56% of the said received amount as his / her share in contribution towards meeting the funding gap as per settlement.



3. The option to join pension scheme can be exercised during 02.05.2018 to 30.06.2018 (both days inclusive i.e. within 60 DAYS).

4. Those who opt to join the pension scheme in terms of the settlement, Pension / Family Pension shall be payable to them with effect from 27.11.2009. However, employees compulsorily retired after that date i.e. 27.11.2009 shall be entitled to get pension after respective dates of their compulsory retirement. All the Regulations of Bank of India Employees' Pension Regulations, 1995 shall be applicable to these employees.. **Once the option is exercised and refunded the requisite fund, the pension option cannot be revoked.**

5. Please note that as per Bank of India Pension Regulation 14, an employee who has rendered a minimum of ten years of qualifying service in the bank on the date of his retirement or the date on which he is deemed to have retired shall qualify for pension.

6. As per Bank of India Pension Regulation 41 (8) (iii) an applicant who is compulsorily retired by the bank and is eligible for compulsory retirement pension under regulation 33 shall be eligible to commute a fraction of this pension subject to the limit specified in sub-regulation (1), after he has been examined by a medical officer approved by the Bank.

7. As per BOI Pension Regulation 33 for Compulsory Retirement Pension:

- i. An employee compulsorily retired from service by way of penalty may be granted pension at a rate not less than two thirds and not more than full pension admissible to him on the date of his compulsory retirement, if otherwise he was entitled to such pension on superannuation on that date.
- ii. A pension granted or awarded under sub-regulation (1) or, as the case may be, under sub-regulation (2) shall not be less than minimum pension.

**Procedure/ Instructions for submission of option form by compulsorily retired employee those who were in service of the bank prior to 29th September 1995 and compulsorily retire after completing 10 years of qualifying service prior to the date of the settlement i.e. 27<sup>th</sup> April 2010 is as under.**

- (a) The option has to be exercised during the period from **02.05.2018 to 30.06.2018.**
- (b) Eligible Compulsorily Retired employees will have to submit the following forms to the Branch/ Office from where they have compulsorily retired. In case of staff compulsorily retired from Head Office they will have to submit the application to Salary Section, H.R.D. Head Office.



- i. Application for option of Pension. **(Annexure- I)**
- ii. Application for commutation **(Annexure- II)**
- iii. Pensioner's Profile. **(Annexure-III in duplicate)**
- iv. Declaration by the such Compulsorily Retired Employees for facilitating Medical Examination by the Medical Officer **(Annexure- IV- A, B, C)**
- v. Thereafter, such Compulsorily Retired employee has to collect letter from the concerned Branch /office addressed to Medical Officer for **medical examination** and obtain a certificate of fitness for payment of Commutation of pension as per Form No.4 (Part-I, II, III) **(Annexure- V)**
- vi. Nomination for Pension/Commutation **(Annexure- VI)**
- vii. A copy of the punishment order awarded by the competent authority.
- viii. Zone recommendations in **(Annexure- S 9)**

**Note: The Medical examination should be carried out by doctor approved by the Bank. IBA guidelines for the Doctor for the purpose of Medical examination are annexed with Annexure XV. The expenses, if any, related to the said medical examination including doctor's fees shall be borne by the applicant.**

#### **Steps to be taken at Branch / Office/Salary Section, Head Office.**

1. Branch has to issue set of application forms as mentioned above along with letter addressed to the Medical Officer for the purpose of medical examination.
2. After having all the forms received including punishment order and the required medical certificate from the Pension optee, the same should be forwarded duly verified / recommended to the Zonal Office immediately along with **the SERVICE PARTICULARS OF THE EMPLOYEE ( As per Annexure - VII).**

#### **Steps to be taken at Zonal Offices/ Salary Section, Head Office**

1. On receipt of the applications from the branches / offices,
2. Zonal Office / Salary Section, HO have to verify / make necessary corrections in HRMS, the details of employee such as Name, Date of Birth, Date of Joining, Date of Compulsory Retirement, Gender, Category, (Officer/Clerk/Sub Staff), PAN No and Branch from where the employee has compulsorily retired.
3. Thereafter they have to forward the applications along with all annexures duly recommended to Terminal Benefits Division, Head Office as and when received.



**PROCEDURE/ INSTRUCTIONS FOR SUBMISSION OF OPTION FORM BY THE FAMILY OF DECEASED COMPULSORILY RETIRED EMPLOYEE FAMILY AS MENTIONED IN 2(d) ABOVE:**

The family of such deceased employees –

- (a) where the employee has died the eligible family member (as per Regulation 40 of Bank's Pension Regulation) shall exercise the option (**Annexure VIII**) for joining the pension scheme during 02.05.2018 to 30.06.2018. They shall submit the required set of forms as mentioned here-in-below to the last working Branch / Office of the deceased employee. They shall refund the entire amount of the Bank's Contribution to the Provident Fund and interest accrued thereon received by the deceased employee on retirement plus 56% of the said received amount as his / her share in contribution towards meeting the funding gap as per settlement, on or before 30.07.2018. The family of deceased posted in Head Office has to submit the forms to Salary Section, Head Office.
- (b) Forms to be submitted by family of the deceased as mentioned in para (a) above
- i. Option for joining Pension (**Annexure- VIII**)
  - ii. Application for family pension (**Annexure- IX**)
  - iii. Family Pensioner's Profile. (**Annexure-X – in duplicate**)
  - iv. Declaration regarding non-marriage/remarriage. (**Annexure-XI and XII**)
  - v. Declaration regarding non-employment. ( in case of eligible son/daughter) (**Annexure-XIII**)
  - vi. Any other relevant document such as copy of Death Certificate of staff, Aadhar card/ PAN Card of the applicant
  - vii. A copy of the punishment order awarded by the competent authority.

**Steps to be taken at Branch / Office/Salary Section, Head Office**

1. Branch has to issue set of application forms as mentioned above.
2. After receiving all the forms as mentioned above including punishment order from the family member, the same should be forwarded duly verified / recommended to the Zonal Office immediately along with the service particulars of the employee (Annexure -VII).

**Steps to be taken at Zonal Offices/ Salary Section, Head Office**

1. Having received the applications from the branches / offices, Zonal Office / Salary Section, HO have to verify / make necessary corrections in HRMS, the details of employee such as Name, Date of Birth, Date of Joining, Date of Compulsory Retirement, Gender, Category, (Officer/Clerk/Sub Staff), PAN



No and Branch from where the employee has compulsorily retired.

2. Thereafter, they have to forward the applications duly recommended to Terminal Benefits Division, Head Office as and when received.

**PROCEDURE/ INSTRUCTIONS TO BE FOLLOWED FOR REMITTANCE OF FUNDS REFUNDED BY COMPULSORILY RETIRED EMPLOYEES/ FAMILY OF COMPULSORILY RETIRED EMPLOYEES.**

After submission of the pension option form by compulsorily retired employee or family of the deceased compulsorily retired employee, he/she has to refund the required amount on or before 30.07.2018 to the Branch/ Office from where they have compulsorily retired. In case of employees compulsorily retired from Head Office, the applicant has to refund the required amount on or before 30.07.2018 to Salary Section, Head Office.

**Action to be taken by Branch / Office**

The Branch has to remit the amount collected from the compulsorily retired employee / family of compulsorily retired employee to the Zonal office in one lot on or before **04.08.2018** along with the list of pension Optees and refunded amount as per the following format in Excel sheet.

Sr. No.	PF No	Name	Bank's contribution of PF	56% of Bank's Cont	Total of 3 & 4	Branch	Zone
	1	2	3	4	5	8	9
1							
2							
		Total					

**Action to be taken by Zonal Offices/ Salary Section, Head Office**

The Zonal Office/ Salary Section, Head Office has to credit amount to Savings Bank Account No. 011611100005568 with our CBD Belapur Branch in single lot, latest on or before **10.08.2018**.

After crediting the amount to savings bank account (as mentioned above), Zone has to send a statement as given below in excel format and to be emailed to Terminal Benefits Division, Head Office, (headoffice.tbd@bankofindia.co.in) along with the details of such credit. i.e. name of the Zone, transaction no., date of credit. Total amount should tally with the amount credited by the Zone.



Sr. No.	PF No	Name	Bank's contribution of PF	56% of Bank's Contribution	Total of 3 & 4	Branch	Zone
	1	2	3	4	5*	8	9
1							
2							
		Total					

\* Total of column 5 should tally with the amount credited to our Savings Account No. 011611100005568 with our CBD Belapur Branch.

Please note that only after refund of amount by compulsorily retired employee / family of compulsorily retired employee to Terminal Benefits Division, Head Office a memo for approval of self/ family pension will be put up to the Competent Authority for approval of pension.

8. The Zonal Offices / Branches are advised to display suitable notice regarding exercising option for pension by Compulsorily Retired Employee. The required set of forms may be handed over to all the ex-employees, who are compulsorily retired and are desirous to opt for the pension. We seek your cooperation in complying with requirements and adhering to time schedule and completing this herculean task. Please do not hesitate to contact us for any further clarification / information in this regard.

9. Please bring the contents of this circular to the notice of all the staff members working at your branch/office/department. A copy of the Branch Circular along with the annexures is available on Bank's website in Star Varishtha Parivar/ BOI Alumni Portal.



(M.K Gupta)  
General Manager (HR)

## APPLICATION FOR OPTION OF PENSION

(Option form to be filled in by the employees who are in service prior to 29<sup>th</sup> September 1995 and compulsorily retired before 27<sup>th</sup> April 2010)

To,  
The Assistant General Manager / Chief Manager / Manager,

\_\_\_\_\_ Branch / Office.

I hereby declare that I have read and understood the terms of Settlement / Joint Note dated 27.04.2010 for extending another option to join Pension Scheme. I have understood that the terms of the settlement / Joint Note have been arrived at on the basis of Unions / Associations offering to contribute 30% of the initial funding gap assessed for extending another option for joining the pension scheme. I am agreeable to refund the said contribution of 30% towards the funding gap and hereby voluntarily opt for Bank's pension scheme as per the provisions of the said settlement / Joint Note. I undertake to refund the Bank's contribution to Provident Fund together with accrued interest thereon paid to me on my compulsory retirement **plus 56% of the said amount** being 30% contribution towards the initial funding gap in terms of clause 3 (c) of Joint Note dated 27.04.2010 and clause 2 (IV) (b) of the settlement dated 27.04.2010. The total amount due from me will be refunded to the Bank on or before 30.07.2018.

- a. I confirm that I have not filed any case in any court of law against the Bank in connection with Pension option.

Or

- b. I have filed case in \_\_\_\_\_ Court for pension option; however, I have withdrawn the same. (copy of the relevant order is enclosed)

(Please tick a or b of the above)

Further, I hereby declare that I am aware that pension payable to me is subject to the provisions of BOI Pension Regulation 33 applicable for Compulsory Retired Pension, which is as under.

As per BOI Pension Regulation 33 for Compulsory Retirement Pension:

- (1) An employee compulsorily retired from service by way of penalty may be granted pension at a rate not less than two thirds and not more than full pension admissible to him on the date of his compulsory retirement, if otherwise he was entitled to such pension on superannuation on that date.
- (2) A pension granted or awarded under sub-regulation (1) or, as the case may be, under sub-regulation (2) shall not be less than minimum pension.

I am aware that once I exercised pension option and refunded the requisite fund, the pension option cannot be revoked.

Signature

Name in full

Page- 1 ORG. No-112/113



Name in full :  
Category ): (Officer/Clerk/Sub staff)  
Date of Joining :  
Date of Compulsory Retirement : :  
P.F. Account No. :  
Last Working Branch :  
Present Residential address :  
Mobile Number :  
Email ID :

(Signature attested)\*

Note: Additions / alterations in the text of the above form will render the option invalid.

(To be attested by AGM/Chief Manager /Manager as the case may be under his full signature and PF No)

### ACKNOWLEDGEMENT

Received application from Shri /Smt. \_\_\_\_\_  
for opting pension as per Br. Cir. No ----- Dated.----- . You are requested to  
refund the required amount on or before 30.07.2018, thereafter your option for  
pension will be registered with the Bank.

Date :

Chief Manager/ Manager



**APPLICATION FOR COMMUTATION OF PENSION**

The Assistant General Manager,

Date

**BANK OF INDIA**

HEAD OFFICE:

Terminal Benefits Division, HR Department  
 Star House, 8<sup>th</sup> floor, (West) wing,  
 C-5, "G" Block, Bandra-Kurla Complex,  
 P.B. No.8135, Bandra (East), Mumbai - 400 051.

Dear Sir,

**Bank of India (Employees') Pension  
 Regulations, 1995  
 Commutation of Pension**

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1. Please refer to my option letter dated \_\_\_\_\_ exercising option for Bank of India (Employees') Pension Regulations, 1995
2. I hereby apply for commutation of my pension to the maximum permissible under Pension Regulations, 1995.

Yours faithfully,

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

Address : \_\_\_\_\_

PF A/c. No. : \_\_\_\_\_



## TO BE SENT TO TERMINAL BENEFITS DIVISION, HR

**PENSIONER'S PROFILE (Please submit in duplicate) ORIGINAL**  
(PLEASE FILL UP IN BLOCK CAPITALS)

- I. (1) Full Name \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (SURNAME)
- (2) Sex. Male/Female \_\_\_\_\_
- (3) Identification Mark (if any) \_\_\_\_\_
- (4) Date of Birth \_\_\_\_\_ PAN No. \_\_\_\_\_
- (5) Date of Joining Bank service \_\_\_\_\_
- (6) Date of Ceasing to be in service \_\_\_\_\_
- (7) Mode of cessation from service Retirement on Superannuation /VRS 2000/CRS
- (8) Category at Retirement Officer (Scale Grade) / Clerk / Sub-ordinate Staff
- (9) Provident Fund Account No. \_\_\_\_\_
- (10) Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (11) Branch / Office of last posting \_\_\_\_\_ Branch \_\_\_\_\_ Zone \_\_\_\_\_
- (12) Branch from where pension payment is desired \_\_\_\_\_ Branch \_\_\_\_\_ Zone \_\_\_\_\_
- (13) Pension A/C No.(15 Digit)- (Scheme Code SB-121) \_\_\_\_\_
- (14) Have you obtained Commercial Employment Yes/ No. If "Yes" please state date of Permission by the Competent Authority \_\_\_\_\_
- (15) If "No" do you intend to take up Commercial Employment? Yes/ No. If "Yes" please give reference of your application for Permission from the Competent Authority \_\_\_\_\_

## II. PERSONAL DATA OF THE SPOUSE :-

- (1) Full Name \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (SURNAME)
- (2) Relationship with the Pensioner Wife / Husband
- (2) Date of Birth \_\_\_\_\_ PAN No. \_\_\_\_\_
- (3) Identification Mark (If any visible) \_\_\_\_\_
- (4) Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. PARTICULARS OF FAMILY MEMBERS OTHER THAN SPOUSE (Family as defined under Regulation I of Bank of India (Employees') Pension Regulations, 1995)

- |     | Name  | Relationship | Date of Birth |
|-----|-------|--------------|---------------|
| (1) | _____ | _____        | _____         |
| (2) | _____ | _____        | _____         |
| (3) | _____ | _____        | _____         |

I declare that the above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.

Date:

Signature

Note : Please enclose 2 passport sized photographs of the pensioner and 2 joint passport sized photographs of the pensioner with the spouse.



TO BE SENT TO TERMINAL BENEFITS DIVISION, HR

**PENSIONER'S PROFILE DUPLICATE**  
(PLEASE FILL UP IN BLOCK CAPITALS)

- I. (1) Full Name \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (SURNAME)
- (2) Sex. Male/Female \_\_\_\_\_
- (3) Identification Mark (if any) \_\_\_\_\_
- (4) Date of Birth \_\_\_\_\_ PAN No. \_\_\_\_\_
- (5) Date of Joining Bank service \_\_\_\_\_
- (6) Date of Ceasing to be in service \_\_\_\_\_
- (7) Mode of cessation from service Retirement on Superannuation /VRS 2000/CRS
- (8) Category at Retirement Officer (Scale Grade) / Clerk / Sub-ordinate Staff
- (9) Provident Fund Account No. \_\_\_\_\_
- (10) Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (11) Branch / Office of last posting \_\_\_\_\_ Branch \_\_\_\_\_ Zone \_\_\_\_\_
- (12) Branch from where pension payment is desired \_\_\_\_\_ Branch \_\_\_\_\_ Zone \_\_\_\_\_
- (13) Pension A/C No.(15 Digit) (Scheme Code SB121) \_\_\_\_\_
- (14) Have you obtained Commercial Employment Yes/ No. If "Yes" please state date of Permission by the Competent Authority \_\_\_\_\_
- (15) If "No" do you intend to take up Commercial Employment? Yes/ No. If "Yes" please give reference of your application for Permission from the Competent Authority \_\_\_\_\_

## II. PERSONAL DATA OF THE SPOUSE :-

- (1) Full Name \_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (SURNAME)
- (2) Relationship with the Pensioner Wife / Husband
- (2) Date of Birth \_\_\_\_\_ PAN No. \_\_\_\_\_
- (3) Identification Mark (If any visible) \_\_\_\_\_
- (4) Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. PARTICULARS OF FAMILY MEMBERS OTHER THAN SPOUSE (Family as defined under Regulation I of Bank of India (Employees') Pension Regulations, 1995)

- | Name      | Relationship | Date of Birth |
|-----------|--------------|---------------|
| (1) _____ | _____        | _____         |
| (2) _____ | _____        | _____         |
| (3) _____ | _____        | _____         |

I declare that the above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.

Date:

Signature

Note : Please enclose 2 passport sized photographs of the pensioner and 2 joint passport sized photographs of the pensioner with the spouse.



Name of Bank: - BANK OF INDIA.

**PART I**

**Declaration by the Pensioner for  
Facilitating Medical Examination by  
the Medical Officer  
(NOT APPLICABLE FOR FAMILY PENSIONER)**

The applicant must complete this statement prior to his examination by the Medical Officer and must sign the declaration appended thereto in the presence of Medical Officer.

1. Name in full (in block letters)
2. Date of Birth (as per Bank's service Record)
3. Particulars regarding parents  
Father's age, if living and state of health  
Father's age at death and cause of death  
Mother's age, if living and state of health  
Mother's age at death and cause of death
4. Have you been considered for grant of invalid Pension ?  
If so, state the grounds thereof.
5. Have you been granted leave on medical certificate  
During the last three years of your service? If so, state  
periods of leave and nature of illness.
6. Have you during the last three years period
  - a) suffered from any major illness requiring hospitalization?  
If so, the nature of illness and period of hospitalization  
may please be indicated; or
  - b) Undergone any major surgical operation
  - c) Lost or gained weight markedly

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**Declaration by Applicant**

(to be signed in the presence of Medical Officer)

I declare all the above answers to be, to the most of my belief , true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

\_\_\_\_\_  
Applicant's signature or thumb impression  
In case of illiterate applicant



Form No.4

**PART II**

Medical Details of the Pensioner  
(to be filled by the examining Medical Officer)

1. Apparent age :
2. Height :
3. Weight :
4. Describe any scars or identifying marks of the applicant :
5. Pulse rate - :  
 (a) Sitting  
 (b) Standing
- What is character of pulse
6. Blood Pressure :- :  
 (a) Systolic  
 (b) Diastolic
7. Is there any evidence of disease of the main organs :- :  
 (a) Heart  
 (b) Lungs  
 (c) Liver  
 (d) Spleen  
 (e) Kidney
8. Investigations (wherever considered necessary by the Medical Officer) :  
 (i) Urine  
 (State specific gravity)  
 (ii) Blood  
 (iii) X-Ray Chest  
 (iv) E.C.G.
9. Any additional finding :



FORM NO.4  
**PART III**

(Certificate of Fitness for Payment of Commutation of Pension)  
(To be filled by the examining Medical Officer)

I/We have carefully examined Shri / Smt./ Kum. \_\_\_\_\_  
\_\_\_\_\_ and am/are of opinion that -

He/She is in good bodily health and has the prospect of an average duration of life.

OR

He/She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ he/she is considered fit subject for commutation but his/her age for the purpose of commutation, i.e. the age next birthday should be taken to be \_\_\_\_\_ (in words) years more than his/her actual age.

Place :

Date :

\_\_\_\_\_  
Signature and designation of  
examining Medical Officer

Name :

Address:

Regd. No.:



**(TO BE ISSUED ON BRANCH LETTERHEAD)**  
**Draft of Letter to Medical Officer**  
**Referring the Pensioner for Medical Examination)**

Ref. No.: \_\_\_\_\_

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

To

Dr. \_\_\_\_\_  
 (Medical Officer)

Sir/Madam,

**Medical Examination - Commutation of Pension**

Shri/Smt../Kum. \_\_\_\_\_ who retired from the service on \_\_\_\_\_ as \_\_\_\_\_ (Designation) has applied for commuting a fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith :

- (a) Application for commutation in original,
- (b) Form No.4 (Part I, II and III as per Annexure VI - A,B,C)

In terms of Regulation 41 (7) of Bank (Employees' Pension Regulations, 1995 (commutation of pension) Shri/Smt./Kum. \_\_\_\_\_ should be examined by a Medical Officer.

Please submit your report in the form annexed and handover the same in closed cover to the signatory of this letter.

Yours faithfully,

(Designated Authority)  
 Branch Manager



The Assistant General Manager,  
**BANK OF INDIA**  
 HEAD OFFICE:  
 Terminal Benefits Division, HR Department  
 Star House, 3<sup>rd</sup> floor, (West) wing,  
 C-5, "G" Block, Bandra-Kurla Complex,  
 P.B. No.8135, Bandra (East), Mumbai - 400 051.

**NOMINATION FOR PENSION / COMMUTATION**  
**YOUR REF.NO. \_\_\_\_\_**

I, \_\_\_\_\_ hereby nominate the person / persons mentioned below who is / are members of my family, and confer on him / them the right to receive, to the extent specified below, any amount of pension / commuted value of pension in the event of my death without receiving the pension / commuted value of pension which having become admissible may remain unpaid upon my death.

Name & address of nominee/ s	Relationship with the pensioner	Age (date of birth in case of minor)	Amount of the share of pension / commuted value of pension payable to each

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Place :

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

PF A/c.No. \_\_\_\_\_

Note :

- (i) The share of the pension / commuted value of pension should cover the whole amount.
- (ii) In case the nominee is minor, his / her share should be payable to the legal Guardian appointed by the Competent Court.

Name of witness

Signature of Witness

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_



(TO BE FILLED BY THE BRANCH / OFFICE)

**TO BE SENT TO TERMINAL BENEFITS DIVISION, HR DEPT. HEAD OFFICE  
THROUGH YOUR ZONAL OFFICE**

(Please use for all categories of Pensions EXCEPT Family Pension)

**I. SERVICE PARTICULARS OF THE EMPLOYEE (PENSIONER)**

- (A) Full Name \_\_\_\_\_
- (B) Category: Officer / Clerk / Spl.Asst. / Substaff (Full Time / Part Time)
- (C) Date Of Birth \_\_\_\_\_
- (D) Date Of Joining \_\_\_\_\_ (As \_\_\_\_\_) If Part Time, Date Of Joining As Part Time \_\_\_\_\_ Scale wages 1/3, 1/2, 3/4, etc./ converted to full time \_\_\_\_\_
- (E) Educational Qualifications \_\_\_\_\_
- (F) Date Of Promotion \_\_\_\_\_
- (G) Mode Of Retirement: Superannuation / VRS/CRS
- (H) Date Of Retirement: (Last Day Of Employment): \_\_\_\_\_
- (I) Total Service In The Bank: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days  
Less Non- Qualifying Service: \_\_\_\_\_ Years \_\_\_\_\_ Months  
Service Qualifying For Pension: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days

**II. LAST 10 MONTHS EMOLUMENTS DRAWN**

Month / Year	Pay cut by NPNA	Basic Pay (Including Stagnation Increments) (Rs.)	Special Pay (Only For Award Staff) (Rs.)	ALLOWANCES DRAWN			Officiating Allowance (Rs.)
				Graduation Pay / PQP (Rs.)	Fixed Personal Pay (Rs.)	CCA reckoned for PF Award Staff only (Rs.)	
JAN							
FEB							
MAR							
APR							
MAY							
JUNE							
JULY							
AUG							
SEPT							
OCT							
NOV							
DEC							
TOTAL							

**III.****CERTIFICATE****(Strike off what is not applicable)**

- (1) As per our records, the employee has sought / has not sought Bank's permission to take up commercial employment.
- (2) As per our records no disciplinary action is contemplated / pending / initiated against this employee.
- (3) We certify that the employee has exercised a valid option in favour of Pension and is eligible to draw Pension under the Bank of India (Employees) Pension Regulations, 1995.

VERIFIED AND RECOMMENDED  
ENDORSED

BRANCH

RECOMMENDATIONS

SIGNATURE : \_\_\_\_\_

(CODE No.) \_\_\_\_\_

AGM / CHIEF MANAGER

BRANCH : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_

(CODE No.) \_\_\_\_\_

C.M./A.G.M. /D.G.M. / Z.M.

\_\_\_\_\_  
ZONE

Date :



**ANNEXURE VIII**

**(Option to be exercised by the family member of ex-employee who were in service prior to 29<sup>th</sup> September 1995 and Compulsorily retired and died thereafter)**

To,  
The Assistant General Manager / Chief Manager / Manager,

\_\_\_\_\_ Branch / Office.

I hereby declare that I have read and understood the terms of Settlement / Joint Note dated 27.04.2010 for extending another option to join Pension Scheme. I have understood that the terms of the settlement / Joint Note have been arrived at on the basis of Unions / Associations offering to contribute 30% of the initial funding gap assessed for extending another option for joining the pension scheme. I am agreeable to the said contribution of 30% towards the funding gap and hereby voluntarily opt for Bank's pension scheme as per the provisions of the said settlement / Joint Note. I undertake to refund the Bank's contribution to Provident Fund together with accrued interest thereon paid by the bank at the time of retirement **plus 56% of the said amount** being 30% contribution towards the initial funding gap in terms of clause 3 (c) of Joint Note dated 27.04.2010 and clause 2 (IV) (b) of the settlement dated 27.04.2010. The total amount due from me will be refunded to the Bank on or before 30.07.2018.

I am aware that once I exercised pension option and refunded the requisite fund, the pension option cannot be revoked.

Signature :  
Name in full :  
Category : (Officer/Clerk/Sub staff)  
Date of Joining :  
Date of Retirement /CRS :  
Mode of Retirement :  
P.F. Account No. :  
Last Working Branch :  
Present Residential address :

Telephone No.:

(Signature attested)\*

Note: Additions / alterations in the text of the above form will render the option invalid.

(To be attested by AGM/Chief Manager /Manager as the case may be under his full signature and PF No)

**ACKNOWLEDGEMENT**

Received application from Shri /Smt. \_\_\_\_\_  
for opting pension as per Br. Cir. No ----- Dated.----- . You are requested to  
refund the required amount on or before 30.07.2018, thereafter your option for  
pension will be registered with the Bank.



Chief Manager/ Manager

**APPLICATION FORM FOR FAMILY PENSION**

To,  
The Trustees  
Bank of India Pension Trust  
Mumbai.

Dear Sir,

**Request for Family Pension**

I regret to inform you that Shri / Smt. \_\_\_\_\_ who was employee of the Bank died on \_\_\_\_\_.

After his / her death, I am the first / next family member being wife / son / daughter of deceased employee eligible for family pension.

I therefore request you to grant me family pension as per Bank's Pension Scheme, 1995.

I submit the required particulars as under :-  
(fill the applicable column)

- |       |                                  |   |
|-------|----------------------------------|---|
| (i)   | Full Name of the Applicant       | : |
|       | (a) Widow / Widower              | : |
|       | (b) Unmarried Son                | : |
|       | (not over 25 years)              | : |
|       | (c) Un married Daughter          | : |
|       | (not over 25 years)              | : |
|       | (d) guardian in case of minor /  | : |
|       | physically & mentally            | : |
|       | handicapped child                | : |
| (ii)  | Date of Birth (Family pensioner) | : |
| (iii) | Whether employed / not employed  | : |
| (iv)  | Pension A/C No.                  | : |

I hereby declare that : -

- (a) I have not again married / remarried  
(b) I have been appointed / not appointed by the Bank on compassionate grounds

I submit herewith :-

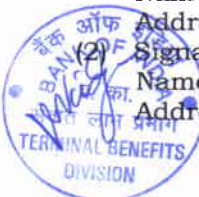
- (a) A certified copy of death certificate of the pensioner  
(b) A certified copy of Birth Certificate / School Leaving Certificate in case of child.  
(c) Latest Passport size photograph of self (two)  
(d) Latest Passport size photograph of the next family member eligible for family pension  
(e) Other relevant documents establishing identity such as photocopy of election identity card  
(f) In case of family pension for son or daughter who are physically crippled or suffering from disorder or disability of mind-certificate from the Doctor approved by the Bank to the effect that the disability or handicap is of such a nature as to prevent him / her from earning livelihood, stating exact mental or physical condition of a child (such certificate is to be produced every three years to the Bank).

Yours faithfully,

Signature / Thumb impression  
of the applicant / legal guardian

Witness : (X)

- |               |   |
|---------------|---|
| (1) Signature | : |
| Name          | : |
| Address       | : |
| (2) Signature | : |
| Name          | : |
| Address       | : |



(To be submitted in duplicate)

**FAMILY PENSIONER'S PROFILE**

- I.
- (1) Full Name of Applicant : Mr./Mrs./Ms.  
(in block letters) \_\_\_\_\_
- (2) Sex-Male / Female : \_\_\_\_\_
- (3) Identification Marks : \_\_\_\_\_
- (4) Date of Birth of Applicant : \_\_\_\_\_
- (5) Permanent Address of Applicant : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (6) Branch from where pension : Branch  
Payment is desired : Zone \_\_\_\_\_
- (7) 15 digit Savings Account Number : \_\_\_\_\_
- (8) Relationship with the Deceased Pensioner : \_\_\_\_\_  
(Widow / Widower / Son / Daughter)
- (9) Marital Status of the Applicant : Unmarried / Remarried \_\_\_\_\_

II.

Family members (only Sons / Daughters)	Relationship with Deceased employee	DD YY	Date of Birth MM
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

I hereby declare that above information is true and correct. Should you however require any documentary evidence, I shall produce the same on demand.

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

\_\_\_\_\_  
(Signature / Thumb Impression)  
of family pension applicant

**FOR OFFICE USE ONLY****III. PERSONNEL DATA OF THE DECEASED EMPLOYEE**

- (1) Full Name (in block letters) : \_\_\_\_\_
- )
- (2) Date of Birth : \_\_\_\_\_
- )
- (3) Date of Joining Bank's service : \_\_\_\_\_
- )
- (4) Date when retired (if applicable) : \_\_\_\_\_
- )
- (5) Date of Demise : \_\_\_\_\_
- )
- (6) Name of Branch from where retired / : \_\_\_\_\_  
ceased to be in service
- (7) Category at the time of Retirement / : Officer / Clerk / Substaff  
Death : (full time / part time) \_\_\_\_\_
- (8) Provident Fund Account No. : \_\_\_\_\_
- )

Sign. / Thumb impression of \_\_\_\_\_ Attested

Chief Manager / Manager (P.F No. \_\_\_\_\_ )  
\_\_\_\_\_ Branch



**Declaration regarding non-marriage / re-marriage  
To be submitted by surviving spouse at the time of  
Initial disbursement and thereafter once in six month  
As of May and November**

---

The Assistant General Manager /  
The Chief Manager / Manager

\_\_\_\_\_ Branch

**My Pension Account**

I am / will be drawing Family Pension through your Branch. As required under the Bank of India (Employees') Pension Regulations, 1995 I hereby declare that till date I am, after the death of my spouse, not re-married. Further, in case I get remarried at any future date, I undertake to advise you / the Pension disbursing Branch immediately.

\_\_\_\_\_  
Signature / Thumb  
Impression

Place :

\_\_\_\_\_  
Name of the Pensioner

Date :

**Certificate from Branch Officer**

I hereby certify that to the best of my knowledge and belief the above declaration made by \_\_\_\_\_ signed in my presence is correct.

\_\_\_\_\_  
(Signature of Bank Officer with  
P.F. No-----.)

Place :

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

Designation : \_\_\_\_\_



**Certificate of Non-marriage to be submitted  
by unmarried Daughter / Son**

The Assistant General Manager /  
The Chief Manager

\_\_\_\_\_ Branch

I hereby declare that I am not married.

I undertake to immediately advise the pension disbursing Branch in case I get married at any future date.

\_\_\_\_\_  
Signature / Thumb Impression

Place :

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

\_\_\_\_\_  
Name of the Pensioner

The Assistant General Manager /  
The Chief Manager

\_\_\_\_\_ Branch

I hereby certify that to the best of my knowledge and belief the above declaration made by \_\_\_\_\_ signed in my presence is correct.

\_\_\_\_\_  
(Signature of Bank Officer with  
P.F No.-----.)

Place :

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

Date :

Designation : \_\_\_\_\_



**Non-employment / Re-employment Certificate**  
**by unmarried Daughter/son**

I, Shri / Smt. \_\_\_\_\_ (Pension Ref. No. \_\_\_\_\_ / Ex-gratia No. \_\_\_\_\_) hereby declare that I am not employed / re-employed under Government / Public Sector Undertakings / Autonomous Body. I further declare that I am not employed / re-employed or absorbed in a Central / State Government / Corporation Undertakings or in an Autonomous Body. In the event of my employment / re-employment I shall intimate the Bank as required in Pension Regulation No.40 (1) (b) / 50.

Signature

Date :  
Name :  
Pension Reference :  
Address :



**(TO BE FILLED BY THE BRANCH / OFFICE)**

BANK OF INDIA

\_\_\_\_\_ ZONE  
**WORKSHEET FOR FAMILY PENSION CASES ONLY**

I. Ex-staff : Shri / Smt. \_\_\_\_\_  
 (Surname) (First Name) (Middle Name)

Category : Officer / Clerk / Sub staff (Full time / Part time) ⊗ 1/3 or 2/3 or 3/4

Date of Death : \_\_\_\_\_ PF Account No.: \_\_\_\_\_

Last working date : \_\_\_\_\_ Grade : \_\_\_\_\_ Qualification: \_\_\_\_\_  
 (Attending Office)

Total service in Bank \_\_\_\_\_ Years \_\_\_\_\_ Months

Less Non-Qualifying service \_\_\_\_\_ Years \_\_\_\_\_ Months

Service qualifying for Pension \_\_\_\_\_ Years \_\_\_\_\_ Months

II. **Details of Emoluments Actually Drawn / payable for  
 the month prior to the date of retirement / death**  
 -----

Last Month / Year	Basic Pay (Including Stagnation Increments) (Rs.)	Special Pay (Only For Award Staff) (Rs.)	ALLOWANCES DRAWN		CCA reckoned for PF Award Staff only (Rs.)	Officiating Allowance (Rs.)
			Graduation Pay / PQP (Rs.)	Fixed Personal Pay (Rs.)		
Actual Salary Drawn						
Payable for the last month						
TOTAL						

III.

**CERTIFICATE**

We certify that,

- (1) The employee has opted for Pension
- (2) No disciplinary action was pending / initiated / contemplated against the employee at the time of Retirement / Death
- (3) The information given in the sheet is verified and found correct.

Branch Recommendation endorsed

Verified &amp; Recommended \_\_\_\_\_

Zonal Manager

Chief Manager / Manager

\_\_\_\_\_ Zone

Name \_\_\_\_\_

PF No. \_\_\_\_\_

\_\_\_\_\_ Branch

Date \_\_\_\_\_

PF No. \_\_\_\_\_

Date :

Branch Seal :

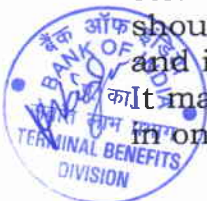




**List of points to be kept in view by Banks Medical Officer while carrying out Medical examination of Retired employees seeking commutation of Pension**

- i) Bank's Medical Officers should carefully go through the Form prescribed for recording findings of medical examination. Since the Form has been devised on the lines of the one used in Government of India for similar purpose, it should be accepted as it is without any material change.
- ii) The minimum investigations if required to be done with reference to pathological/radiological/ECG should be got done through clinic of Bank's Medical Officer's choice. Once the reports are at hand, Bank's Medical Officer should proceed with his own examination of the employee.
- iii) There is no definite formula or yardstick for fixation of age for commutation purposes. At the same time, there should be objectivity, leaving least scope for unreasonable decision in arriving at the age. If the addition to the declared age as recommended by the Bank's Medical Officer is not acceptable to the employee, he is free to withdraw his commutation application. Therefore, the Bank's Medical Officer after examination should record his findings in the prescribed form and send it to the office in a closed cover, without discussing the findings with the employee.
- iv) For fixing the age, Bank's Medical Officer is required to come to conclusion after examination as to how far the life span of the employee would get curtailed because of the disease or how far the same is likely to be prolonged despite disease. For example, an employee suffering from such malignancy as is likely to drastically curtail his life span, he should not be allowed commutation facility.
- v) However, if the employee is suffering from malignancy without Metastasis where with early surgery/treatment, life expectancy is for considerable number of years, such cases should be recommended for commutation by adding 1 or 2 or more number of years to his actual age according to the outset of the year of such malignancy. A similar approach should be adopted by Bank's Medical Officers to examine cases of kidney dialysis, kidney transplant, intractable and resistant cases of tuberculosis with fibrotic and emphysematic lungs and other life threatening diseases where commutation is to be rejected.

Similar view may be taken for chronic diseases like asthma, diabetes, hypertension, acute and crippling rheumatic disorders, ulcerative colitis, etc. where on the basis of extent of suffering, Bank's Medical Officer should come to conclusion whether addition of years to age is called for and if so how much. Same is true of breast and colorectal malignancies. It may be noted that addition to the age, if any, should be recommended in one or more completed years and not in months.



- vi) A number of employees may have cardiovascular episodes existent during their service or after retirement. Very few will have silent ECG changes without awareness and without having treatment. The extent of disability will be different for different persons and Bank's Medical Officer's recommendation in fixing the age will not be same for all.

If a person examined does not project any risk factor (i.e. if he has no active illness, he is with normal weight, Blood Pressure, pulse according to age, is not diabetic, does not smoke or is not habitually alcoholic), Bank's Medical Officer should straight away certify his actual declared age without any addition thereto for commutation.

It is in the cases of cardiovascular disability with or without diabetes one has to apply his mind to arrive at fixing the age. Person may be evaluated on the basis of : -

Hypertension – mild, moderate, severe, duration, controlled with medication, whether had stroke?

Added risk factors – overweight, smoking, alcoholic, diabetes, stress

Diabetes – mild, moderate, severe, history of retinopathy, gangrene, amputation; on treatment, controlled, etc.

Added risk factors – as above

Cardiac – Person with history stable/unstable angina. Had cardiac Ischemia, hospitalized, 1<sup>st</sup> attack, 2<sup>nd</sup> attack so on, angiography done, coronary blocks, bypass surgery done/suggested/not done, etc. with or without above risk factors etc.

Neurological – Paralytic episodes, parkinsonism, Myasthenias.

Kidney – failures, dialysis, advised transplant.

Other serious illness – not given as example, here.

When the above pattern of evaluating health profile is understood, Bank's medical officer has to decide the seriousness of the illness and how it will affect the life span of the employee, and fix the age by adding one, two or three or four years for the actual age based on the seriousness of the decease.

As a matter of precaution, addition of 4 years should be made in cases where employee have undergone bypass surgery/open heart surgery/angioplasty/ kidney transplant or has fixed a pace-marker.



Bank of India,  
\_\_\_\_\_ Zone

Memorandum to accompany all Applications for Pensionary Benefits in respect of employees who ceased to be in service due to imposition of penalty and the pension is recommended under the Bank of India Pension Regulations 1995 :-

-----  
PLEASE STATE HERE THE CLASS OF PENSION APPLICABLE (Regulation 31 or 32 or 33 )

1.	Ex-employees full Name	(First Name) (Middle Name) (Surname)
2.	Provident Fund Number :	
3.	Category (Grade/Scale if officer)	
4.	Designation and last place of posting	
5.	Date of Birth	
6.	Date of Joining	
7.	Date of Promotion (if any)	
8.	Qualifications	
9.	Date of Cessation from service	
10.	Mode ( reason )of Cessation	
11.	Brief description of the Irregularity / Misconduct - whether Vigilance angle involved	
12.	Monetary loss if any caused to the Bank	
13.	Financial loss, if any, is quantified. If quantified whether recovered, if not recovered, how it is proposed to be recovered. Explain briefly.	
14.	Whether suspended before Cessation	
15.	If so the duration and how Suspension period was regularized	
16.	Previous Punishments / Penalties	
17.	Whether Disciplinary Proceedings are Continuing after date of Superannuation. If so reference of Competent Authority's Order under O.S.R. regulation No.20 (3) (iii) (enclose copy of order)	
18.	PERSONAL DATA OF THE EMPLOYEE	

a. Financial position (known sources of other income, property owned, its approximate worth etc.)	
b. Dependents (name, relationship and age)	
c. Any other earning Family member if so their income (Family to consist of spouse, son/s, unmarried daughter/s)	
d. General Physical Health of the employee	
e. General Health of the Family Members	
f. General Performance of the employee during service in the Bank	:Excellent/Good/Average/Poor
g. Leave Record	:Excellent/Good/Average/Poor

19. We confirm the Information furnished as above for considering grant of Pension as per the provisions of Bank of India (Employees) Pension Regulations, 1995 ( strike out which ever is not applicable ) :-

i) Compassionate Allowance (payable to an employee who is dismissed or removed or terminated from Bank's service. ) under Regulations No.31 not exceeding two – thirds of the pension which is admissible to him on the basis of the qualifying service rendered up to the date of his dismissal, removal or termination, which shall not be less than amount of minimum pension payable under regulation 36

**OR**

ii) Premature Retirement Pension (payable to an employee who retire prematurely on account of orders of the bank ) under Regulations Nos.32 which is admissible to him on the basis of the qualifying service rendered up to the date of his Pre-mature retirement, which shall not be less than amount of minimum pension payable under regulation 36.

**OR**

iii) Compulsory Retirement Pension (payable to an employee compulsorily retired from service as a penalty.) under Regulations Nos.33 @ two –thirds of the pension OR full pension (strike out which ever is not applicable) which is admissible to him on the date of his compulsory retirement if otherwise he was entitled to such pension on superannuation on that date, which shall not be less than amount of minimum pension payable under regulation 36

We recommend for grant of Compassionate Allowance under Regulation 31 OR premature Retirement Pension under Regulation 32 OR Compulsory Retirement Pension ( full or 2/3<sup>rd</sup> ) under Regulation 33 ( strike out which ever is not applicable) to Shri./ Smt. \_\_\_\_\_ as per his/ her eligibility.

Senior / Chief Manager (HR)

Zonal Manager / Deputy Zonal Manager

Date :

