

I am submitting herewith **Form-I (in triplicate)**, i.e. the Option Form to avail the benefits of family pension under OCS (Pension) Rule, 1992 in case of in-service death as prescribed in FDOM No 12587/F dated 19.05.2022 along details of family in **Form-D** for necessary entry in service records.

The receipt of the form may kindly be acknowledged.

(Name of the Individual)
Designation

Form – I

**OPTION TO AVAIL BENEFITS IN CASE OF IN-SERVICE DEATH OF
EMPLOYEE**

PART-A

(To be filled in by employee)

1. I **Sri** xxxxxxxxxxxxxxxxxxxx, S/o Sri xxxxxxxxxxxxxxxxxxxx,
Address-xxxxxxxxxxxxxxxxxxxx, Designation xxxxxxxxxxxxxxxxxxxx,
xxxxxxxx Department, Odisha **PRAN No-**xxxxxxxxxxxxxxxxxxxx do hereby
exercise option that in the event of my death during service, benefits under
the OCS (Pension) Rules, 1992 may be paid to my family.

OR

1. I,....., hereby exercise option that in the event of my
death during service, benefits may be paid to my family based on the
accumulated pension corpus in the Individual Pension Account under the
National Pension System in accordance with the Pension Fund Regulatory and
Development Authority (Exits and Withdrawals under National Pension System)
Regulations, 2015.

This option supersedes any other option made by me earlier.

*If Option-1 is exercised, then details on family in Form-D shall be attached along
with Form-I.

Signature of Employee

Name:

Designation:

Office in which employed:

Mobile No:

Place:

Date:

PART-B

(To be filled in by the Head of Office)

Received the option dated.....made by
Shrixxxxxxxxxxxxxxxxxxxx, Deputy Secretary to Government, Finance Department,
Odisha and Entry of receipt of option has been made in page.....Volume
..... of Service Book. His HRMS ID is xxxxxxxxxxxx and PRAN is xxxxxxxxxxxx.

Signature,
Name and Designation of Head of Office

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the employee who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his death.

O.C.S (PENSION) Form-D

[See Rule 56 (15)]

(Information on Details of Family)

1. Name of the Government Servant:-
2. Designation:-
3. Date of Birth as per Service Book:-
4. Date of Appointment:-
5. Details of the members of my family* as on xx.xx.2022:

Sl No.	Name of the members of family*	Date of Birth (dd/mm/yyyy)	Relationship with the Government Servant	Remarks if any
1.				
2.				
3.				
4.				
5.				

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of office any addition or alterations in the family.

Signature of the Government Servant

Place:-

Date:-

* Family for this purpose means family as defined in clause (b) of sub-rule (17) of Rule-56 of the Odisha Civil Services (Pension) Rules, 1992.

** Wife and Husband shall include respectively judicially separated wife and husband.