

Form for availing Medical facilities under Central Government Health Scheme or Fixed Medical Allowance after retirement.

1. I reside /will be residing at the following address:			
Flat/House No./Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	
2. I opt the following facility			
(Please tick any one of the following)			
i. I will be residing in a CGHS area and would be availing CGHS facility	<input type="checkbox"/>		
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)	<input type="checkbox"/>		
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In-patient Department(IPD) and Out-patient Department (OPD) treatment.I will not be eligible for FMA	<input type="checkbox"/>		
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment	<input type="checkbox"/>		
v. I will be residing in a non-CGHS area but would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	<input type="checkbox"/>		
vi. I will avail medical facilities available to spouse/family members who is an employees/pensioner of Government/PSU/Autonomous Body. I will not avail CGHS facility and FMA	<input type="checkbox"/>		
vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA.	<input type="checkbox"/>		
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (strike out this item if not applicable)			

Name of the retiring employee/pensioner:		Mobile No.	
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(Signature of head of office)

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(Signature of applicant)