

FMA Form 2

To

The Manager,
.....Bank
.....

Sub: Application for discontinuation of Fixed Medical Allowance

Sir/Madam,

I am presently drawing pension/family pension, with FMA, from your Bank and my particulars are as given below:

- 1. Name :-.....
- 2. Pension Sanctioning Authority :-
- 3. PPO Number :-.....
- 4. Bank Account Number :-.....
- 5. Contact Number :-.....
- 6. Present Address :-.....

2. I hereby request you to discontinue my FMA due to the following reason::

- (a) I have changed residence from a Non-CGHS area to a CGHS covered area
- (b) I am residing in a non-CGHS area but intend to avail CGHS facility for both IPD and OPD

* (strike out which is not applicable)

3. It is also requested that a certificate regarding discontinuation of FMA may be issued to me for taking further action in the matter.

(UNDERTAKING)

I hereby declare that the option being exercised by me to avail medical facility under CGHS or other similar Health Scheme of their respective Ministry/Department, is a one-time change in option and that I have not availed the facility of change of option from FMA to CGHS in the past.

Date:

(Signature of the Pensioner/Family Pensioner)
Name of the Pensioner/Family Pensioner

ACKNOWLEDGEMENT

Received request from Shri/Ms..... a Pensioner/Family Pensioner (PPO No.) for discontinuation of Fixed Medical Allowance as part of his/her pension.

Date:

Seal of the Bank

Name, Designation & Signature of the representative of the Bank