

FMA Form 3

Certificate from Bank regarding Stoppage of Fixed Medical Allowance of Pensioner/Family Pensioner

This is to certify that on receipt of request from the following Pensioner/ Family Pensioner, payment of Fixed Medical Allowance (FMA) as part of his/her pension/family pension has been discontinued by the bank:

Details of Pensioner/ Family Pensioner

1. Name :- _____
2. Pension Sanctioning Authority :- _____
3. PPO Number :- _____
4. Bank Account Number :- _____
5. Contact Number :- _____
6. Present Address :- _____
7. Date from which FMA has been discontinued :- _____
8. Reason given by Pensioner/Family Pensioner for discontinuation of FMA:

(a) Change of residence from a non-CGHS area to a CGHS covered area

(b) Residing in Non CGHS area but intends to avail OPD facility under CGHS

*(strike out which is not applicable)

The Pensioner/Family Pensioner has given an undertaking to the Bank that the option being exercised by him/her to avail medical facility under CGHS or other similar Health Scheme of their respective Ministry/Department, is a one-time option and that he has not availed the facility of change of option from CGHS to FMA in the past.

Encl: Copy of application and undertaking from Pensioner/ Family Pensioner.