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	☐
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)	☐
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	☐
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	☐
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.	☐
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	☐
vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA	☐
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.	

(Signature of head of office)

(Signature of applicant)