

## भारत हेवी इलेक्ट्रिकल्स लिमिटेड Bharat Heavy Electricals Limited

From: Vaijayanti Bhattacharjee, General Manager (HR-Policy) BHEL Corporate Office

To: Head of HR

(1) Bhopal (2) Trichy (3) HEEP & CFFP H'war (4) R C Puram & PE & SD, Hyderabad (5) Jhansi (6) EDN B'lore (7) ISG B'lore (8) CBU & EPD B'lore (9) Rudrapur (10) Jagdishpur (11) Goindwal (12) Corp. R&D Hyderabad (incl ASSCP Gurgaon & CTI B'lore) (13) Ranipet (14) HERP Varanasi (15) EMRP Mumbai(16) PS-HQ(17) PS-Mktg, PMG (18) PS-PEM (19) PS-TS, SSBG (20) PS- NR (21) PS- ER(22) PS-WR (23) PS- SR (24) Piping Centre, Chennai(25) IS,IO&TBG (26) ROD HQ (27) HRDI (28) Corp. Office (29) CSU & FP J'Pur (30) HPVP (31) PPPU Thirumayam

AA: HR: WLX (BHEL PS)

Dated: 19th July, 2014

## Corporate HR Circular No. 017/WLX/2014

Subject:

BHEL Employees Pension Scheme (Applicable to regular employees of the Company at Board Level and below Board Level, who were/are on the rolls of the Company as on 1.1.2007 and onwards- disbursement of individual pension corpus for 2013-14.

Reference is invited to Corporate Office Circular no. 016/WLX/2012 dated 07.06.2012 on the subject. In terms of clause 7.1, the factor of "X" for computation of individual pension corpus as per formula in clause 7.3.1 of the Scheme is notified as "9.5 days" for every completed year of service in respect of employees who were separated from the services of the Company during the financial year 2013-14 and are eligible for the individual pension corpus under the BHEL Employees Pension Scheme.

Ex-employees/ beneficiaries may choose annuity options from following panel of FIVE Annuity Providers.

- 1) M/s Life Insurance Corporation of India
- 2) M/s Bajaj Allianz Life Insurance Company Ltd
- 3) M/s SBI Life Insurance Co. Ltd.
- 4) M/s Reliance Life Insurance Company Limited
- 5) M/s ICICI Prudential Life Insurance Co. Ltd.

It is to inform that Corporate HR in association with CS&IT has created an online portal for retired employees/ beneficiaries to apply under the scheme. The applications will be processed by Unit HR through this portal <u>by 28.07.2014</u>. The individual pension corpus will be disbursed to Annuity Provider by Corporate HR only in respect of those retired employees/ beneficiaries whose application has been verified/ processed by Unit HR in this portal. The url of the site is http://ecare.bhel.in.

पंजीकृत कार्यालय : बीएचईएल हाउस, सिरी फोर्ट, नई दिल्ली-110049, भारत फोन : 66337000, फैक्स : 011-26493021 Regd. Office : BHEL House, Siri Fort, New Delhi-110049, INDIA. Phone : 66337000, Fax : 011-26493021 The Unit HR functionaries will be required to sanitise the data of the eligible ex-employees for the year 01.04.2013-31.03.2014 in the portal **by 28.07.2014**. A set of formats for offline application is also enclosed.

Since Personal Data in respect of these cases will have to be updated in SAP HR Master, left over cases if any will be processed through portal in the month of August 2014, since Personal Data in respect of these cases will have to be updated by Unit HR in SAP-HR.

This issues with the approval of Competent Authority.

Blattachongi. (Vaijayanti Bhattacharjee)

Copy for kind information to:

- Head of Unit,

- CMD, all Functional Directors, CVO

Enclosures: As above

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	Date of Birth(Proof								•
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	(If Joint Annuity is			,		Required)			
	chosen)								<u> </u>
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15.2	Cheques/DD/RTGS Pa	rticulars:		,					
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15.4	Specify Area:					,,, ,			
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10.1.2	Annuity Option								
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	ROC Option is chosen )	Name 1	Relation	Age	DOB	Required)	ļ	<del> </del>	Male
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14	Frequency of Annuity Payout (Pis tick the appropriate box)					
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15	Do you want to transfer the Policy to the nearest Branch/Office.	. [				
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15.1	Purchase Price: (Rs)	<u> </u>			<del></del>	
15.2	Cheques/DD/RTGS Particulars:					
15.3 15.4	Date of Deposit:					
15.4	Specify Area:	1.				
	Declaration by the			<u> </u>		<u>, sa </u>
I hereb	y declare that the foregoing statements and answers have been given	by me after	fully understand	ling the que	estions and the a	nnuity options
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unders	tand that the contract will be governed by the provisions of the Insura	nce Act 193	8, and other prev	/aidng statu	ites and prevailir	ig laws in india
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Add	itional Declaration when the membership form is filled by a person o	ther than	he group membe	er/group n	ember signs in	vernacular language/
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Policy to	declare that I have read out and explained the contents of membership the Group Member and that he/she said that he/she had understood					
same.						
l harahı	declare that I have fully explained to the Group Member that the state	monte con	sined in this form	n chall he t	he hasis for the r	avment of annuity and
	ly untrue statement is contained herein, the Company shall have the rig					
	e of a material fact that the membership may be treated as void and a	-				
the Com	• •		pola erieci ilica	,	21770 544 741 741	
	******					
l hereby	declare that I have explained the contents of this form to the Group me	ember in			language, that I l	nave truly and correctly
recorded	the details and statements given by the Group Member and that the	Member ha	s affixed his/her s			
in my ore	sence, after fully understanding the contents thereof.			,	,	•
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Signature	of the person making the declaration			Signature /	Thumb impression	on of the Member
o.D. iaca.	of the person making the declaration			5.B.1445. 6 /		
Name an	d Address:					
			Signature/	Thumb im	pression of Spau	se
Date:			-			
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Section 4	1 of the insurance Act, 1938:					
(1) No pe	rson shall allow or offer to allow, either directly or indirectly, as an indi	ucement to	any person to ta	ike or rene	w or continuie an	insurance in respect of
any kind	of risk relating to lives or property in India, any rebate of the whole or	part of the	commission paya	ble, or any	rebate, except s	uch rebate of the whole or
	e commission payable or any rebate of the premium shown on the pol					
	ccept such rebate as may be allowed in accordance with published pro-					
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	that acceptance by an insurance agent of commission in connection w					
	o be acceptance of a rebate of premium within the meaning of this sul			ch accepta	nce the insurance	e agent satisties the
prescribe	d conditions establishing that he is a bono fide insurance agent employ	yed by the	nsurer.			
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(2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

## Section 45 of the Insurance Act, 1933:

"No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statements was on a material insured or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose;

Provided that nothing in this section shall prevent the insurer from calling for proof of age any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

	Name: Staff no:								
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7	Email id:								
8	PAN NO.(Proof Required):								
9	Gender								
L,	BASIC PLAN DETAILS (S	elect any one op	tion by tick	ing the box)					
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10.1	Share out of 100%-								
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	Branch/Office.				YES/NO	
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15.2	Cheques/DD/RTGS Part	iculars:				
15.3	Date of Deposit:					
15.4	Specify Area:					
		DECLAR				
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					he Company') and have fully	
			-		rial information while answering suc	h
		•		•		
		•	-		ons in the annuity proposal form are	
true a	and complete in every	respect and that I/We ha	ve not withi	ield any material	information or suppressed any	
mate	rial fact. I / We have m	ade no statement to the	Insurance A	dvisor, or any otl	ner person associated with ICICI	
Prude	ential Life Insurance Co	mpany Limited which in a	anv wav mo	difies the answer	s and statements on this application	. 1
					mpany that was handed over to me	
	-	and understood the quot	ation as pur	maried by the col	inparty that was harded over to the	
aiong	with this form .					
The co	mpany reserves the right	to accept, decline or offer a	alternate tern	s on my proposal	for Insurance.	
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<b>^1 1</b>						i
signat	ure of Annuitant		Date:		Place:	
In case	of thumb impression or	signature in vernacular, the	same is to be	witnessed as belo	w.	
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DECLA	RATION FOR SIGNING IN	VERNACULAR LANGUAGE				
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					cuments incidental to availing the insura	
		• •	-		and he/she/they have understood	
same					auses of the same. I declare that whatev	er I
	have s	stated hereinabove is true a	nd correct to	the best of my kno	wledge and belief.	
	Sol	emnly affirmed at	this	day of	200	1
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Sign of	Declarant)	,	Sign of Annu	tant signing in ver	nacular language)	
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I / We certify that the product applied for by me / us and the co me/us and I / we have fully understood them. I/ We further cert per the information provided by me/us.	ntents of the annuity proposal for the the replies in the annuit	orm have been clearly explained to y proposal form have been recorded as
Signature of the person filling the form		pression* of the annuitant (* A thumb impression vitnessed by the Declarant.)
Name of the person filling the form:		
Date:	Place:	
Annexure II (	(c)	
Name of the authorized Signatory of the Trust/Employer:		
Signature of the authorized signatory: Section 41 of the Insurance Act, 1938 - No person shall allow or person to take or renew or continue an insurance in respect of a whole or part of the commission payable or any rebate of the prenewing or continuing a policy accept any rebate, except such prospectuses or tables of the insurer: Provided that acceptance insurance taken out by himself on his own life shall not be deem sub-section if at the time of such acceptance the insurance ager insurance agent employed by the insurer.	any kind of risk relating to lives of remium shown on the policy, no rebate as may be allowed in acco by an insurance agent of commi ned to be acceptance of a rebate	or property in India, any rebate of the or shall any person taking out or ordance with the published ission in connection with a policy of life e of premium within the meaning of this
Section 45 of the Insurance Act, 1938:- No policy of life insurance of two years from the date of commencement of this Act and no shall, after the expiry calf two years from the date on which it we statement made in the proposal or in any report of a medical of leading to the issue of the policy, was inaccurate or false, unless suppressed facts which it was material to disclose and that it was knew at the time of making it that the statement was false or the nothing in this section shall prevent the insurer from calling for deemed to be called in question merely because the terms of the insured was incorrectly stated in the proposal.	o policy of life insurance effected yas effected be called in question fficer, or referee, or friend of the sithe insurer shows that such sta as fraudulently made by the poli- tiat it suppressed facts which it w proof of age at any time if he is a	n by an insurer on the ground that insured, or in any other document itement was on a material matter or cy-holder and that the policy-holder was material to disclose: Provided that entitled to do so, and no policy shall be

	of the member on who	se life annuity is to be effec	ted	•			47 111		
	Name:								
	Staff no:								
	Date of Birth(Proof Required):								
	Address(Proof Required):								
	Telephone Number:							<u>,</u>	
	Mobile No:								
	Email id:			•					
	PAN NO.(Proof Required):								
	Candor			-					
·	BASIC PLAN DETAILS (S	elect any one option by tick	(ing the box)						
0.1	Annuity Provider (1)-		<u>e ja tuse en a tatien 12. juli</u>	934) 2 15 <sub>4 1</sub>					
	Share out of 100%-	<u> </u>							
	Annuity Option								
0.1.3	Details of Second Annuitant(Spouse) (If Joint Annuity is	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gende
	chosen)	Mr/Ms.							
0.1.4	Nominations(First Level)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gende
		Mr/Ms.							
0.1.5	Nominations(Second Level- only in case Joint Life with ROC	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gende
	Option is chosen )	1							
		2			<del> </del>	<del> </del>			-
		3 4							
		5							<u></u>
10.2	Annuity Provider (2)-								
10.2.1 10.2.2	Share out of 100%- Details of Second Annuitant(Spouse) (If Joint Annuity is	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gende
·	chosen)	Mr/Ms.							
10.2.3	Annuity Option				<del></del>	[ A 2 3	Mobile	Share	Gend
10.2.4	Nominations(First Level)					Address (Proof Required)		Silare	Gema
		Name	Relation	Age	DOB	<del></del>		$\dashv$	+
10.2.5	Nominations(Second					Address (Proof Required	Mobile	Share	Gend
10.2.5	Level only- in case	ì	1	1	4				ŀ
10.2.5	Level only- in case Joint Life with ROC	Name	Relation	Age	DOB	Redunca	'		
10,2.S	Level only- in case	Name 1	Relation	Age	DOB	Redunca	'		
10.2.S	Level only- in case Joint Life with ROC		Relation	Age	DOB	Regunea			

	Note: Option Once E	xercised shall be Final and Irr	evocable				
13	Appointee Details	Mr/Ms/Mrs (Applicable in	case Nominee is Minor)	•			1, 1 1 1 1
	Appointee Name	Date of Birth	Relation	with	····	Signature	
			Nomi	1		8	
	2						
	3			<u>:</u>			
14	_1 ·	Payout (Pls tick the appropr	iato hovi			The same of the same	
	Monthly	, rayone (ris tick tile appropri	IGLE, DUA				
	☐ Yearly						
	Quartely						
	☐ Half Yearly	•					
15	Do you want to trans	fer the Policy to the nearest f					
		And the Control			YES	/NO	
15.1 15.2	Purchase Price: (Rs) Cheques/DD/RTGS Pa	cticulare:				<u> </u>	
5.3	Date of Deposit:	( ticalars.					
5.4	Specify Area:						
		: Member Declaration	on (Please do not sign on	olank progo	sai formi	Pilita III in the state of	unan gera
he as	sessment or acceptance	the best of my knowledge true of this application. I agree the laterial fact know to me may	that this form will constitu	ate part of r	ny application fo	rnat may influen or insurance(s) an	ed .
	•				}		
		Photo of the Main Member			Photo of the k	oint Member	
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Sign	ature or Thumb Impression		<del></del>	Si	gnature or Thumb Impre		
	of Main Member				of Joint Life Member	•	
						Date-	
the s ime i	ignature is in vernacula anguage in which the A	ar then the proposed insured, pplication is signed) that the e	/proposer should declare	below in hi	s/her own hand	writing (in the	
						:	
Şigni	ture or Thumb Impression of Main Member				or Thumb Impression int Life Member	Date-	
						L	
5	ignature of the witness		Date				
here: corde	by declare that the cont d as per the informatio	ents of the Application form in n provided by the Counter Me	ncluding the declaration h	ave been ex	plained to the pr ead out and fully	oposer and replie understood by a	es have been and confirmed
		·			Master Policy Hol		
	of person filling up the pplication form		·		S4		
			Date			Date	

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