



# 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: 19<sup>th</sup> 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.**

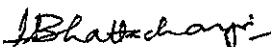
- 1) M/s Life Insurance Corporation of India
- 2) M/s Bajaj Allianz Life Insurance Company Ltd
- 3) M/s SBI Life Insurance Co. Ltd.
- 4) M/s Reliance Life Insurance Company Limited
- 5) M/s ICICI Prudential Life Insurance Co. Ltd.

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 **by 28.07.2014**. 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>.

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.

  
(Vaijayanti Bhattacharjee)

Copy for kind information to:

- Head of Unit,
- CMD, all Functional Directors, CVO

Enclosures: As above

**LIC**

To be filed in by employee/ nominee

Details of the member on whose life annuity is to be effected

1	Name:								
2	Staff no:								
3	Date of Birth(Proof Required):								
4	Address(Proof Required):								
5	Telephone Number:								
6	Mobile No:								
7	Email id:								
8	PAN NO.(Proof Required):								
9	Gender								
10	<b>BASIC PLAN DETAILS (Select any one option by ticking the box)</b>								
10.1	Annuity Provider (1)-								
10.1.1	Share out of 100%-								
10.1.2	Annuity Option								
10.1.3	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.1.4	Nominations(First Level)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.1.5	Nominations(Second Level- only in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
		1							
		2							
		3							
		4							
		5							
10.2	Annuity Provider (2)-								
10.2.1	Share out of 100%-								
10.2.2	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							

10.2.3	<b>Annuity Option</b>								
	<b>Nominations(First Level)</b>	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
10.2.4									
10.2.5	<b>Nominations(Second Level only- in case Joint Life with ROC Option is chosen )</b>	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
		1							
		2							
		3							
		4							
		5							

Note: Option Once Exercised shall be Final and Irrevocable

13	<b>Appointee Details</b>	Mr./Ms./Mrs (Applicable in case Nominee is Minor)							
	<b>Appointee Name</b>	<b>Date of Birth</b>	<b>Relation with Nominee</b>	<b>Signature</b>					
	1								
	2								
	3								

14 **Frequency of Annuity Payout (Pls tick the appropriate box)**

Monthly

Yearly

Quartely

Half Yearly

15	<b>Do you want to transfer the Policy to the nearest Branch/Office.</b>	<b>YES/NO</b>
15.1	<b>Purchase Price: (Rs)</b>	
15.2	<b>Cheques/DD/RTGS Particulars:</b>	
15.3	<b>Date of Deposit:</b>	
15.4	<b>Specify Area:</b>	

**Discharge of Payment/annuity on the Life of Mr./Mrs.** \_\_\_\_\_

On the life of Shri/Ms. (pre populated) \_\_\_\_\_ I, (pre populated) \_\_\_\_\_ do hereby acknowledge receipt from the \_\_\_\_\_, of the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) in settlement and discharge of all my/our claims and demands in respect of Monthly/Quarterly/Half Yearly/ Yearly instalment(s) of annuity Rs. \_\_\_\_\_ due from \_\_\_\_\_ to \_\_\_\_\_ in respect of the above Assurance.



Signature of Shri/Ms.

Signature of member/ Beneficiary

Dated: \_\_\_\_\_

Attested by Trustees:

Place: \_\_\_\_\_

Signature of the proposer (Trustees) for self & on behalf of the Co- Trustees of BHEL - Employees' Superannuation Benefit Fund

## SBI Life

To be filled in by employee/ nominee

Details of the member on whose life annuity is to be effected

1	Name:									
2	Staff no:									
3	Date of Birth(Proof Required):	(DD-MM-YYYY)/								
4	Address(Proof Required):									
5	Telephone Number:									
6	Mobile No:									
7	Email Id:									
8	PAN NO.(Proof Required):									
9	Gender									
10	<b>BASIC PLAN DETAILS (Select any one option by ticking the box)</b>									
10.1	Annuity Provider (1)-									
10.1.1	Share out of 100%-									
10.1.2	Annuity Option									
10.1.3	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender	
		Mr/Ms.								
10.1.4	Nominations(First Level)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender	
		Mr/Ms.								
10.1.5	Nominations(Second Level only in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender	
		1								
		2								
		3								
		4								
		5								
10.2	Annuity Provider (2)-									
10.2.1	Share out of 100%-									
10.2.2	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender	
		Mr/Ms. Male								
10.2.3	Annuity Option									
10.2.4	Nominations(First Level)	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender	
		Male								
10.2.5	Nominations(Second Level only- in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender	
		1 Male								
		2 Male								
		3 Male								
		4 Male								
		5 Male								
Note: Option Once Exercised shall be Final and Irrevocable										
13	Appointee Details Mr/Ms/Mrs (Applicable in case Nominee is Minor)									
	Appointee Name	Date of Birth	Relation with Nominee	Signature						
1										
2										
3										

14. Frequency of Annuity Payout (Pls tick the appropriate box)	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Yearly
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Half Yearly
15	Do you want to transfer the Policy to the nearest Branch/Office.
	YES/NO
15.1	Purchase Price: (Rs)
15.2	Cheques/DD/RTGS Particulars:
15.3	Date of Deposit:
15.4	Specify Area:
<b>Declaration by the Group Administrator</b>	
I hereby declare that the foregoing statements and answers have been given by me after fully understanding the questions and the annuity options	
I understand that the contract will be governed by the provisions of the Insurance Act 1938, and other prevailing statutes and prevailing laws in India	
<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40%; height: 30px;"></div> <div style="border: 1px solid black; width: 40%; height: 30px;"></div> </div>	
Signature of the Authorised Signatory of the Trust/Company:	
Name: _____	
Seal of the Trust/Company	
Place: _____ Date: _____ Place: _____ Date: _____	
<b>Additional Declaration when the membership form is filled by a person other than the group member/group member signs in a vernacular language/</b>	
I hereby declare that I have read out and explained the contents of membership form and all other documents incidental to availing the SBI Life-Swarna Jeevan Policy to the Group Member and that he/she said that he/she had understood the same and that he/she agrees to abide by all the terms and conditions of the same.	
I hereby declare that I have fully explained to the Group Member that the statements contained in this form shall be the basis for the payment of annuity and that if any untrue statement is contained herein, the Company shall have the right to vary the benefits that may be payable, and further, if there has been non-disclosure of a material fact that the membership may be treated as void and all premiums paid under the SBI Life- Swarna Jeevan Scheme may be forfeited to the Company.	
I hereby declare that I have explained the contents of this form to the Group member in _____ language, that I have truly and correctly recorded the details and statements given by the Group Member and that the Member has affixed his/her signature/thumb impression on the membership form in my presence, after fully understanding the contents thereof.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature of the person making the declaration</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature /Thumb impression of the Member</div> </div>	
Name and Address: _____	
Date: _____	
Signature/ Thumb impression of Spouse _____	
<b>Section 41 of the Insurance Act, 1938:</b>	
(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue 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 payable, or any rebate, except such rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with published prospectuses or tables of the insurer.	
Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a <i>bono fide</i> insurance agent employed by the insurer.	

(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 matter 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."

<b>ICICI Prudential</b>									
<b>To be filed in by employee/ nominee</b>									
<b>Details of the member on whose life annuity is to be effected</b>									
1	Name:								
2	Staff no:								
3	Date of Birth(Proof Required):	(DD-MM-YYYY)/							
4	Address(Proof Required):								
5	Telephone Number:								
6	Mobile No:								
7	Email id:								
8	PAN NO.(Proof Required):								
9	Gender								
10	<b>BASIC PLAN DETAILS (Select any one option by ticking the box)</b>								
10.1	<b>Annuity Provider (1)-</b>								
10.1.1	Share out of 100%-								
10.1.2	<b>Annuity Option</b>								
10.1.3	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.1.4	Nominations(First Level)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.1.5	Nominations(Second Level- only in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
		1							
		2							
		3							
		4							
		5							
10.2	<b>Annuity Provider (2)-</b>								
10.2.1	Share out of 100%-								
10.2.2	Details of Second Annuitant(Spouse) (If Joint Annuity is	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.2.3	<b>Annuity Option</b>								
10.2.4	Nominations(First Level)	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
10.2.5	Nominations(Second Level only- in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
		1							
		2							
		3							
		4							
		5							
<b>Note: Option Once Exercised shall be Final and Irrevocable</b>									
13	<b>Appointee Details</b> Mr/Ms/Mrs (Applicable in case Nominee is Minor)								
	Appointee Name	Date of Birth	Relation with Nominee	Signature					
	1								



	2			
	3			
14	<b>Frequency of Annuity Payout: (Pls tick the appropriate box)</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Quartely <input type="checkbox"/> Half Yearly			
15	<b>Do you want to transfer the Policy to the nearest Branch/Office.</b>		<b>YES/NO</b>	
15.1	Purchase Price: (Rs) inclusive of service tax			
15.2	Cheques/DD/RTGS Particulars:			
15.3	Date of Deposit:			
15.4	Specify Area:			
<b>DECLARATION</b>				
<p>I/We declare that I/We have answered the questions in the annuity proposal form after being explained by the advisor of the ICICI Prudential Life Insurance Company Limited, (hereinafter referred to as 'the Company') and have fully understood the nature of the questions and the importance of disclosing all material information while answering such questions. I/We further declare that the answers given by me/us to all the questions in the annuity proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I / We have made no statement to the Insurance Advisor, or any other person associated with ICICI Prudential Life Insurance Company Limited which in any way modifies the answers and statements on this application. I also certify that I have read and understood the quotation as published by the company that was handed over to me along with this form .</p> <p>The company reserves the right to accept, decline or offer alternate terms on my proposal for Insurance.</p> <p>This proposal form shall be a part of the insurance policy contract, in case of its acceptance by the company</p> <p>The conditions and the benefits shall be subject to variation in accordance to the applicable law</p> <p>Signature of Annuitant _____ Date: _____ Place: _____</p> <p>In case of thumb impression or signature in vernacular, the same is to be witnessed as below.</p>				
<b>DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE</b>				
<p>I, (Name of declarant) _____, son/daughter of _____ adult and inhabitant of _____ residing at _____, do hereby state and declare on solemn affirmation as under: I have read out and explained the contents of the proposal form and all other documents incidental to availing the Insurance Policy from ICICI Prudential Life Insurance Company Limited to Mr/Mrs./Ms. _____ and he/she/they have understood the same and do hereby agree to abide by all the terms and conditions of the policy and the clauses of the same. I declare that whatever I have stated hereinabove is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">Solemnly affirmed at _____ this _____ day of _____ 200__.</p>				
Signed				
(Sign of Declarant)		(Sign of Annuitant signing in vernacular language)		
Name of Declarant				
Date				

I / We certify that the product applied for by me / us and the contents of the annuity proposal form have been clearly explained to me/us and I / we have fully understood them. I/ We further certify that the replies in the annuity proposal form have been recorded as per the information provided by me/us.

Signature of the person filling the form

Signature /thumb impression\* of the annuitant (\* A thumb impression has to be witnessed 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:

Date:

Place:

Section 41 of the Insurance Act, 1938 - No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue 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 payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Section 45 of the Insurance Act, 1938:- 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 statement made in the proposal 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 statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder 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 at 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.

**Bajaj Allianz**

To be filled in by employee/ nominee

**Details of the member on whose life annuity is to be effected**

1	Name:								
2	Staff no:								
3	Date of Birth(Proof Required):								
4	Address(Proof Required):								
5	Telephone Number:								
6	Mobile No:								
7	Email Id:								
8	PAN NO.(Proof Required):								
9	Gender								
10	<b>BASIC PLAN DETAILS (Select any one option by ticking the box)</b>								
10.1	Annuity Provider (1)-								
10.1.1	Share out of 100%-								
10.1.2	Annuity Option								
10.1.3	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.1.4	Nominations(First Level)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.1.5	Nominations(Second Level- only in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
		1							
		2							
		3							
		4							
		5							
10.2	Annuity Provider (2)-								
10.2.1	Share out of 100%-								
10.2.2	Details of Second Annuitant(Spouse) (If Joint Annuity is chosen)	Name	Relation	Age(Proof Required)	DOB	Address (Proof Required)	Mobile	Share	Gender
		Mr/Ms.							
10.2.3	Annuity Option								
10.2.4	Nominations(First Level)	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
10.2.5	Nominations(Second Level only- in case Joint Life with ROC Option is chosen )	Name	Relation	Age	DOB	Address (Proof Required)	Mobile	Share	Gender
		1							
		2							
		3							
		4							
		5							

Note: Option Once Exercised shall be Final and Irrevocable

13	Appointee Details			
	Mr/Ms/Mrs (Applicable in case Nominee is Minor)			
	Appointee Name	Date of Birth	Relation with Nominee	Signature
	1			
	2			
	3			

14 Frequency of Annuity Payout (Pls tick the appropriate box)

Monthly

Yearly

Quarterly

Half Yearly

15 Do you want to transfer the Policy to the nearest Branch/Office.

YES/NO

15.1 Purchase Price- (Rs)

15.2 Cheques/DD/RTGS Particulars:

15.3 Date of Deposit:

15.4 Specify Area:

**Member Declaration (Please do not sign on blank proposal form)**

I hereby declare that the information provided in the above questionnaire is true to the best of my knowledge. I confirm that the answers I have given are, to the best of my knowledge true, and I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s)

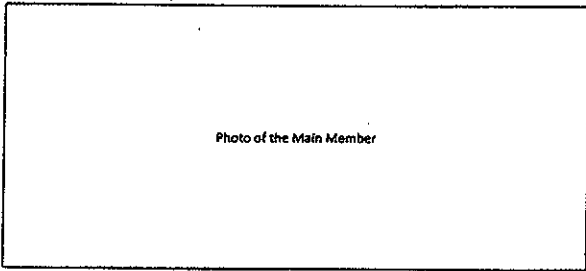


Photo of the Main Member

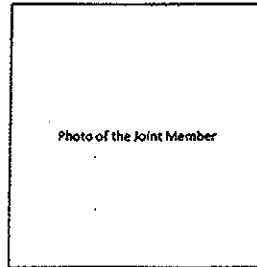


Photo of the Joint Member

Signature or Thumb Impression of Main Member

Signature or Thumb Impression of Joint Life Member

Date-

**Vernacular Declaration**

If the signature is in vernacular then the proposed insured/proposer should declare below in his/her own handwriting (in the same language in which the Application is signed) that the replies were after and properly understanding the question and declarations mentioned above

Signature or Thumb Impression of Main Member

Signature or Thumb Impression of Main Member

Signature or Thumb Impression of Joint Life Member

Signature or Thumb Impression of Joint Life Member

Date-

Signature of the witness

Signature of the witness

Date-

I hereby declare that the contents of the Application form including the declaration have been explained to the proposer and replies have been recorded as per the information provided by the Counter Member and all the answers have been read out and fully understood by and confirmed by the Counter Member

Signature of person filling up the Application form

Signature of person filling up the Application form

Master Policy Holder Signature and Seal

Master Policy Holder Signature and Seal

Date-

Date-