

ICFRE PENSIONERS' HEALTH SCHEME
NOMINATION FORM

(APPLICABLE ONLY IN RESPECT OF PRINCIPAL CGHS PENSIONER CARD HOLDERS

as per OM No S 11011/12/2013-CGHS(P) dated the 25th September 2013)

(When the pensioner ICFREPHS beneficiary wishes to nominate a person to claim the medical reimbursements from ICFREPHS in the event of his/her death)

I,.....hereby nominate the person/persons mentioned below and confer him/her the amount of medical reimbursement(s) in the event of my death, as have become admissible as per the laid down guidelines under ICFREPHS and remained unpaid at the time of my death.

Name	Complete Address	Relation if any	Age (Date of Birth)	Gender	Mobile No.	Ben ID, if any	Aadhar No. (optional)

ALTERNATE NOMINEE, IF ANY

(Name and details of person if any, to whom the right conferred on the nominee shall pass in the event of nominee predeceasing the ICFREPHS beneficiary or the nominee dying after the death of the ICFREPHS beneficiary but before receiving the medical reimbursement from ICFREPHS)

Name	Complete Address	Relation if any	Age (Date of Birth)	Gender	Mobile No.	Ben ID, if any	Aadhar No. (optional)

Dated this.....day of.....20.....at (Place).....

(Signature of the Beneficiary)

Name: ICFREPHS Card Ben ID No.....

Address: Mobile No.....

Witnesses:

1. Signature of Witness
Name & Address

2. Signature of witness
Name & Address

FOR OFFICIAL USE

Particulars of the nomination received and entered in Nomination Register at S.N.....Dated.....

Dated
ICFREPHS Wellness Center:

Signature of CMO In-charge (with Seal)