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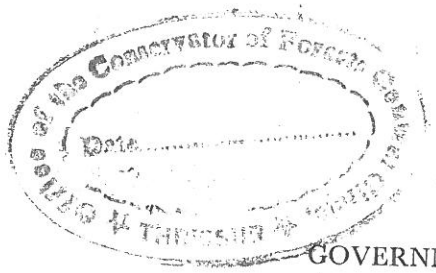

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GOVERNMENT OF KERALA

**Abstract**

FAMILY BENEFIT SCHEME FOR GOVERNMENT EMPLOYEES—REVISION OF RATE OF SUBSCRIPTION—FURTHER ORDERS—ISSUED

FINANCE (FBS) DEPARTMENT

**G.O.(P) No. 1928/98/Fin.**

**Dated, Thiruvananthapuram, 14th August, 1998.**

*Read*:— 1. G.O (P) 405/77/Fin. dated 19-10-1977.
2. G.O (P) 1463/98/Fin. dated 16-5-1998.

ORDER

In the Government Order read as second paper above Government have revised the rate of subscription to the Family Benefit Scheme and the lump amount admissible under the scheme with effect from 1-4-1998. Certain doubts have arisen about the revised scheme. Government, after examining the case in detail, are pleased to issue further orders as follows:—

1. The revised scheme takes effect from 1-4-1998 irrespective of the date of exercising the option in respect of the existing employees. The recovery of arrears from 1-4-1998 starts from the salary for the month in which the revised option is exercised. Government contribution will be calculated at the old rates for old subscriptions and at the new rates for new subscriptions.

2. The employees who were in service on or before 1-4-1998 and who had not joined the scheme can also exercise option to join the scheme w.e.f. 1-4-1998. Arrears will be recovered as mentioned above.

3. Class IV employees who are subsequently promoted as Class III employees on or after 1-4-1998 should opt only to the revised scheme applicable to Class III employees. The arrears will be recovered from the



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month from which the promotion takes place. In this case also Government contribution will be calculated at the old rates for old subscript... and at the new rates for new subscriptions.

4. In the case of new entrants to Government Service, only the revised rates are applicable and they can exercise option to join the scheme within one year from the date of their joining duty.

Specimen Option/nomination form is appended to this Government order.

By order of the Governor,

M. PRASANNA,
*Additional Secretary (Finance).*

To

The Principal Accountant General (Audit), Kerala, Thiruvananthapuram
The Accountant General (A&E), Kerala, Thiruvananthapuram.
The Director of Treasuries, Thiruvananthapuram.
All Sub Treasury Officers and District Treasury Officers.
All Heads of Departments/Offices.
All Departments and Sections of the Secretariat.
The Registrar, High Court, Ernakulam (with C.L.)
The Registrar, University of Kerala, Cochin/Calicut (with C.L.)
The Advocate General, Ernakulam (with C.L.)
The General Manager, Kerala State Road Transport Corporation, Thiruvananthapuram (with C.L.)
The Secretary, Kerala Public Service Commission (with C.L.)
The Secretary, Vigilance Commission (with C.L.)
The Secretary, Kerala State Electricity Board, Thiruvananthapuram (with C.L.)
The Secretaries, Additional Secretaries, Joint Secretaries, Deputy Secretaries and Under Secretaries to Government.
The Private Secretaries to the Chief Minister and other Ministers.
The Secretary to the Governor.
The Stenographer to the Chief Secretary.
The Registrar, Malabar University, Kannur/M.G. University, Kottayam (with C.L.)
The Registrar, Sreesankaracharya Sanskrit University, Kalady (with C.L.)
The Registrar, Kerala Agricultural University, Thrissur (with C.L.)



ANNEXURE I

## FORM OF OPTION/RE-OPTION TO THE FAMILY BENEFIT SCHEME FOR GOVERNMENT EMPLOYEES

[*Vide* G.O.(P)No. 405/77/Fin. dated 19-10-1977 and G.O.(P) No. 1463/98/Fin. dated 16-5-1998]

I.....(Name of the employee) here by exercise option/revised option to join the Kerala Government Family Benefit Scheme sanctiond in the above Government orders with effect from .....My rate of subscription will be Rs. 25, Rs. 50 (Rs. 25 for Class IV employees and Rs. 50 for others) per month.

Signature :

Name :

Designation :

Department/ :
Office in which employed

Date:

Station:

Option/Re-option form received and accepted.

*Signature of the DDO/HD with date.*

(Office Seal)

## FORM OF NOMINATION

I, (Name)..... hereby nominate the person(s) mentioned below to receive the amount that may stand to my credit in the Fund relating to Family Benefit Scheme in the event of my death while in service or having become payable, on my attaining the age of superannuation may remain unpaid at my death.

| *Name and address of nominee(s)* | *Relationship with the employee* | *Age* | *Share Payable to each* | *Contingencies on the happening of which the nomination shall become invalid* | *Name, address relationship and age of the person to whom the right of the nominee shall pass in the event of his/her predeceasing the employee* |
|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | | | | |

*Note*:—1. Where a Government servant who has no family makes a nomination he shall specify in the Column 5 that the nomination shall become invalid in the event of his subsequently acquiring a family.

2. Share/shares of the amount in column 4 should cover the whole lump sum amount.

Dated this..... day of.....19....at.....

Signature of two witnesses:

1.

2.

*Signature of the Employee.*

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