

# GOVERNMENT OF KERALA

## Abstract

PENSION-FAMILY PENSION-DESCONTINUANCE OF DEDUCTION OF TWO MONTH'S EMOLUMENTS FROM DEATH-CUM-RETIREMENT GRATUITY-OPTION TO COME OVER TO CONTRIBUTORY FAMILY PENSION SCHEME-ORDERS ISSUED

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### FINANCE (PENSION) DEPARTMENT

**G.O. (P) 414/78/Fin.**

**Dated, Trivandrum, 11th April 1978.**

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Read:-1. G.O. (P) 43/78/Fin.dated 9-1-1978.  
2. Government of India, Ministry of Finance, Department  
Of Expenditure Office Memorandum No. F1 (14) EVB/76  
Dated.-12-1977.

### ORDER

In the G.O.read as first paper above, Government have ordered the discontinuance of the deduction of two month's pay as contribution towards contributory family pension scheme from the death-cum- retirement gratuity in respect of the government employees whose pensioner claims are payable from 1-10-1977.

2. In the office memorandum read above, Government of India have decided to give a fresh chance of option to central government employees who arw governed by the non-contributory family pension scheme to change over to the contributory family pension scheme.

3. In the light of government of India orders, Government are pleased to orde4r that employees of the state government who had opted for the non-contributory family pension scheme will be permitted to exercise revised option in favor of the contributory family pension scheme under rule 90, Part III, Kerala Service Rules.

4. This Option shall be admissible to those Government employees who were in service on 1-10-1977 or retired on or after 1-10-1977. The option should be exercised within a period of 4 months from the date of this order. Option once exercised shall be final. Pension claims of Government employees who were in service on1-10-1977 but died before the issue of these orders without exercising option shall be settled under contributory family pension scheme under rule 90, Part III. Kerala service Rules.

5. All the Heads of Departments are requested to take urgent steps to bring the contents of these orders individually to the notice of all concerned person/employees under their control including those on leave or on foreign service and obtain specific

option from those who wish to opt for the family pension scheme under rule Part III, Kerala Service Rules.

6. The option will be exercised in the form appended. The option shall be exercised in writing and shall be communicated by the officer concerned to the Head of his office, if he is a non-gazette officer and to the Accountant General, Kerala if he is a Gazette officer. The option, when received from a non-gazette officer, should be countersigned by the Head of Office and pasted in the Service Book of the Officer concerned.

By order of the Government  
F.PIUS,  
Deputy Secretary.

To

The Accountant General, Kerala, Trivandrum.  
All Heads of Departments and Offices.  
All Departments (all sections) of the Secretariat.  
The Secretary, Kerala Public Service Commission (with C.L.)  
The Registrar, High court of Kerala, Ernakulam (with C.L.)  
The Registrars, University of Kerala/Cochin/Calicut (with C.L.)  
The Registrar, Kerala Agricultural University, Trichur (with C.L.)  
The Advocate General, Ernakulam (with C.L.)  
The Secretary, Kerala state Electricity Board (with C.L.)  
The General Manager, Kerala state Road Transport Corporation  
Trivandrum (with C.L.)  
The Secretary to Governor.  
The private Secretaries to the Chief Minister and other Ministers.  
The Stenographer to the Chief Secretary and Additional Chief Secretary.

## FORM

**(To be used by those governed by the Non-contributory Family Pension Scheme under rule 80, Part III, Kerala Service Rules)**

I,.....hereby opt to change over from the non-contributory family pension scheme under rule 80, Part III, Kerala Service Rules to the contributory family pension scheme under Rule 90, Part III, Kerala Service Rule.

Witness:

Signature:

Signature.....

Date.....

Name in full.....  
( in block letters )

Name in full.....  
( in block letters )

Designation:

Designation:

Office:

Office:

Left hand thumb impression in the case of those who are not literate enough to sign their name.

### **CERTIFICATE**

(Applicable only in the case of illiterate employees and to be signed by a responsible officer of the Office concerned).

The rules were explained to Shri.....in my presence.

Signature.....

Name.....

(In block letters)

Designation:

### **ACKNOWLEDGEMENT**

Received from Shri.....Designation.....  
Office.....and option dated.....

Signature:

Designation: