

JOINT OPTION FOR AVAILING OPTION UNDER EMPLOYEES' PENSION SCHEME-1995

(For JPC ex-employees)

To,
The Regional Provident Fund Commissioner
Employees Provident Fund Organization

Sub : Submission of Joint Option Form

Particulars of the retired employee are as under:

1.	Name & Designation of separated employee	
2.	Grade	
3.	Address	
4.	Mobile No.	
5.	E-mail ID	
6.	EPF A/c No.	
7.	UAN Number	
8.	Payment Pension Order No. (PPO), if applicable	
9.	PAN No.	
10.	Aadhar No.	
11.	Date of Birth	
12.	Date of attaining age of 58 years	

DECLARATION BY THE SEPARATED EMPLOYEE

It is certified that immediately after joining Joint Plant Committee, I had been contributing towards the Provident Fund on my actual salary / wages and an equal amount was being contributed in my PF by the employer also, as provided under Para 26(6) of EPF Scheme, 1952. It is to further certify that an amount @ 8.33% of the statutory ceiling limit i.e. Rs.15, 000/- (earlier Rs. 6,500/- / 5,000/-) out of the Employer's contribution had been remitted by my employer every month towards Employees' Pension Scheme, 1995.

- Since I have already withdrawn the entire amount of Provident Fund on my separation, I undertake to return the due differential amount that I had withdrawn after my retirement / exit i.e., the difference between the amount @ 8.33% of **my actual salary / wages out of employer's contribution** towards Pension Fund and the amount already remitted by the employer in EPS'95 on ceiling salary / wages from the date of joining the EPS'95 till my attaining the age of 58 years with due interest for claiming my eligibility for drawing Pension on the basis of actual salary / wages instead of on ceiling salary/wages in accordance with the aforesaid judgments.

In case, EPFO directs to submit any other format of joint option form subsequently, I agree to submit the same once again.

Place : _____

Signature : _____

Name : _____

Date : _____

DISCLAIMER

It is to clarify that mere submission of Joint Option Form does not imply that the ex-employee shall be entitled to enhanced pension on actual salary / wages out of employer's contribution towards EPS-95. The same will be subject to compliance(s) of EPFO and / or any judicial pronouncements / statutory announcements.

The Company assumes no responsibility or liability in case EPFO does not enhance pension, as mentioned above, for any reason whatsoever and decision of EPFO shall be final in this matter.

NOTE: Please take print-out of this form (including 'Undertaking by the Employer') and send original signed copy in triplicate with the following list of documents (signed copy) to concerned Executive / officer given in the circular No. JPC / HR&A / 23 / 22 -23 / 650 dated 10th February 2023:

1. Recent passport size photograph
2. Copy of Aadhar
3. Copy of PAN
4. PPO No. (if applicable)

UNDERTAKING BY THE EMPLOYER

I, _____ (Name and Designation) being the authorized signatory on behalf of Joint Plant Committee, do hereby certify that Shri/ Smt. _____ was working with us as _____ and has attained age of 58 years on _____. His / her EPF A/c No. was _____. He/ she had been contributing towards Provident Fund on his / her actual salary/wages, as per the terms of Para 26(6) of the EPF Scheme 1952. Equal share had been contributed by this establishment too. This establishment has not no objection if he / she deposits /returns the due differential amount w.e.f. 16.11.1995 i.e. from the date of commencement of the Scheme or when his salary /wages exceeded the statutory limit, along with due interest as declared under EPF Scheme, 1952 from time to time, thus making him eligible for drawing pension on the basis of Pensionable salary based on his actual salary /wages, instead of on the statutory limit as per erstwhile Para 11(3) of the EPS'95 Scheme as permitted to do so by the aforesaid judgment of Supreme Court dated 04.10.2016 implemented by EPFO vide circular dated 23.03.2017 after due approval from CBT (19.12.2016) & MoL&E (16.03.2017).

I certify that the particulars furnished above are correct as per the available record.

Place: _____

Date : _____

Signature of authorized signatory with official seal)