



e-Circular

Circular No.062-2019-BC-STF

Date.19.03.2019

ANDHRA PRAGATHI GRAMEENA BANK (EMPLOYEES') PENSION REGULATIONS – 2018 - COMMUTATION OF PENSION

All the Branches/Offices are aware that Bank has adopted Andhra Pragathi Grameena Bank (Employees') Pension Regulations– 2018 and the same were circulated vide Circular.No.315-2018-BC-STF, dated 26.12.18, wherein the retired staff / family members of the retired deceased staff were advised to submit relevant applications/formats/ records, to consider payment of pension to the eligible, as per the guidelines stipulated in the cited circular.

The Andhra Pragathi Grameena Bank (Employees') Pension Regulations– 2018 is enclosed to this circular.

As per the Pension Regulations, the retired staff members / family members of retired deceased staff shall submit the relevant formats as provided in the cited circular, and refund the Management Contribution of the Provident Fund amount to the Bank along with interest accrued thereon, in order to be entitled to avail pension benefit.

We are pleased to inform that it is decided to permit commutation of pension also as provided in cited Regulations and the eligibility criteria to avail commutation is mentioned hereunder:

- 1) All the Retired staff members
- 2) The family members of those staff members who were in service before the effective date, but died after retirement, before the notified date.

The Officers and Employees Associations and retired staff members/family members of the retired deceased staff members have been representing to deduct the Management Contribution of the Provident Fund amount, from the pension arrears and /or from commutation of pension. Hence, in due consideration of the representations, it is also decided that the Management Contribution of the Provident Fund amount, which the retired staff members / family members of the retired deceased staff are required to refund to the Bank, will be deducted from the arrears of pension and /or commutation of pension, to expedite the process, against declaration/undertaking.

In this connection, it is advised that

- The retired staff/family members of the retired deceased staff, who have submitted the relevant formats for entitlement to avail pension, are required to submit the application for the commutation, undertaking letter, advanced stamped receipts for the pension arrears and commutation, at the Branch / Office where they had last worked.
- The family members of the retired deceased staff, who deceased after retirement but before the notified date of the cited Pension Regulations 2018, are required to submit original death certificate of the deceased and family members' certificate.

- Branches/ Offices shall contact all the eligible retired staff members & family members of the retired deceased staff members who last worked in the respective offices/Branches, immediately, in person/over phone/through any other mode of communication, and convey them the provisions of the commutation of pension and shall advise them to exercise their option.
- Branches/ Offices shall ensure filling up of all columns of relevant formats concerning commutation i.e. Form VI, Form VII (Part - I), Form VIII (Part – I) along with declaration, (Available in Pension Regulations 2018) wherever applicable, by providing necessary guidance in filling up the same without any corrections/ overwriting.
- In case of a retired staff member eligible for pension under the given Regulations, no medical examination shall be necessary if the application for commutation is made within one year from the date of his/her retirement, and where such retired staff member applies for commutation after one year from the date of his retirement, the same will be permitted subject to medical examination. The relevant proformae are enclosed. In such cases, the retired staff members are required to submit the Medical Certificate from a Doctor not less than the rank of the District Surgeon/Civil Surgeon of the District Government Hospital.
- The Regional Managers shall address a letter in format VII –Part III to the designated Doctor for carrying out the necessary medical examination and to submit his findings/report/certificate in format VIII – Part I (Declaration section), II and III.
- Branches shall also obtain advance stamped receipts from the retired staff/ family members of the retired deceased staff as to the receipt of the pension arrears and commutation, wherever applicable in the enclosed formats.
- Branches shall also obtain declaration/undertaking from the retired staff/ family members of the retired deceased staff members in the proforma enclosed.
- All formats along with the relevant documents/ papers received at branch level along with advance stamped receipts and declaration shall be sent to respective Regional Office without any delay and ensure receipt of the same by the Regional Office.
- Regional Offices are advised to follow up with the branches under their jurisdiction and guide them suitably for submission of all relevant formats immediately from the eligible, who opt for commutation, without delay.
- Regional Offices shall verify and ensure correctness of the applications/formats received at their end and shall promptly submit the same to Personnel & HRD Department, Head Office for processing and early disposal.

Formats to be submitted to claim commutation, are furnished hereunder:

Retired Staff /Family members of the retired deceased staff applying **within one year** from the date of retirement:

- 1) Form VI – Application for Commutation, 2) Undertaking letter, 3) Advance Stamped Receipt for Pension Arrears, 4) Advance Stamped Receipt for Commutation of Pension, 5) Original Death certificate in case of the retired deceased staff, 5) Family members' certificate in case of the retired deceased staff

Retired Staff /Family members of the retired deceased staff applying **after one year** from the date of retirement:

1) Form VII (Part I) – Application for Commutation, 2) Form VIII (Part I) – Declaration of Pensioner for medical examination, 3) Form VIII (Part II) – Medical details of the Pensioner, 4) Form VIII (Part III) – Certificate of Fitness for payment of commutation, 5) Undertaking letter, 6) Advance Stamped Receipt for Pension Arrears, 7) Advance Stamped Receipt for Commutation of Pension, 8) Original Death Certificate of the retired deceased staff, 9) Family members' certificate.

Branches are advised to note the same and act accordingly.

Contents of this circular shall be brought to the notice of all the staff members working in the Branch/Office, and their support may also be enlisted in making sure that all the retired staff / members of the retired deceased staff get to know the contents of this circular and exercise their option for commutation of pension.

(A.VENKATA REDDY)
CHAIRMAN

UNDERTAKING LETTER
(For use by retired staff member)

From: _____ Place: _____
Name: _____ Date: _____
Emp.No.....
Residential Address
.....
.....
Branch last worked:.....
Mobile No.....

The Chairman,
Andhra Pragathi Grameena Bank,
Department of Personnel & HRD
Head Office,
Kadapa.

Dear Sir,

I, (Name), Emp.No....., retired employee/officer,
residing at.....
..... (Residential
address), understand that I am required to refund the Employer Contribution of
Provident Fund amount to the Bank in order to be entitled to avail pension benefit.
I hereby authorize the Andhra Pragathi Grameena Bank, to deduct the Employer
Contribution of Provident fund amount withdrawn by me/refunded to me by EPF
Authorities at the time of my retirement from the services, tentative amount of which
being Rs..... (Rupees only) as
informed to me by the Bank, from of the proceeds of commutation of eligible pension
and /or from arrears of pension payable to me. I further undertake to pay any amount
payable if any, after the actual Provident Fund refund amount is ascertained.

Yours Sincerely,

Name:.....

Signature:.....

E.P.F. P.P.O. No.....

E.P.F.Pension Amount: Rs.....

(Enclose copy of Bank Pass Book/Statement showing latest 3 months EPF pension credits)

UNDERTAKING LETTER

(For use by family member/s of retired deceased staff)

From: Date:
Name/s:
Name of the deceased staff member.....
Relationship
Emp.No.of the deceased staff member.....
Residential Address
.....
.....
Mobile No.....

The Chairman,
Andhra Pragathi Grameena Bank,
Department of Personnel & HRD,
Head Office,
Kadapa.

Dear Sir,

I/we, (Name/s), (Relationship) of Late
....., Emp.No.....
residing at.....
..... (Residential address),
understand that I/we are required to refund the Employer Contribution of Provident Fund
amount to the Bank in order to be entitled to avail pension benefit. I/we hereby
authorize the Andhra Pragathi Grameena Bank, to deduct the Employer Contribution of
Provident Fund amount withdrawn/refunded to Late
..... by EPF Authorities, tentative amount of which being
Rs..... (Rupees
..... only) as informed by the Bank, from of the proceeds of
commutation of eligible pension and /or from arrears of pension payable to Late
..... I/we further undertake to pay any
amount payable if any, after the actual Provident Fund refund amount is ascertained

Yours Sincerely,

Name:.....

Signature:.....

E.P.F. P.P.O. No.....

E.P.F.Pension Amount: Rs.....

(Enclose copy of Bank Pass Book/Statement showing latest 3 months EPF pension
credits)

STAMPED RECEIPT FOR PENSION ARREARS

(For use by retired staff members)

From

Date:

Name:,

Cadre (Retd).....

Emp.No. _____

Mobile No.....

To

The Chairman

Andhra Pragathi Grameena Bank

Head Office

KADAPA

STAMPED RECEIPT – ARREARS OF PENSION

Received from Andhra Pragathi Grameena Bank, Head Office Kadapa, a sum of
Rs..... (Rupees
.....Only) being the arrears of pension payable to me in full since my
date of retirement/discharge, on

Date:

Revenue
stamp

Witness:

Signature:

STAMPED RECEIPT FOR COMMUTATION OF PENSION

(For use by retired staff members)

From

Date:

Name:

Cadre (Retd).....

Emp.No.

.....

.....

Mobile No.....

To

The Chairman
Andhra Pragathi Grameena Bank
Head Office
KADAPA

STAMPED RECEIPT – COMMUTATION OF ELIGIBLE PENSION

Received from Andhra Pragathi Grameena Bank, Head Office Kadapa, a sum of Rs..... (Rupees Only) being the commutation of eligible pension payable to me as applied by me vide application dated....., on

Date:

Revenue
stamp

Witness:

Signature:

STAMPED RECEIPT FOR PENSION ARREARS
(For use by family member/s of retired deceased staff)

From

Date:

Name:

Name of the retired deceased staff.....

Relation ship with the retired deceased staff

Emp.No. of the retired deceased staff _____

Mobile No.....

To

The Chairman
Andhra Pragathi Grameena Bank
Head Office
KADAPA

STAMPED RECEIPT – ARREARS OF PENSION

Received from Andhra Pragathi Grameena Bank, Head Office Kadapa, a sum of Rs..... (Rupees Only) being the arrears of pension payable to Late in full, since his/her date of retirement/discharge until his/her demise.

Date:

Revenue
stamp

Witness:

Signature:

STAMPED RECEIPT FOR COMMUTATION OF PENSION

(For use by family member/s of retired deceased staff)

From

Date:

Name:,

Name of the retired deceased staff.....

Relation ship with the retired deceased staff

Emp.No. of the retired deceased staff _____

Mobile No.....

To

The Chairman
Andhra Pragathi Grameena Bank
Head Office
KADAPA

STAMPED RECEIPT – COMMUTATION OF ELIGIBLE PENSION

Received from Andhra Pragathi Grameena Bank, Head Office Kadapa, a sum of
Rs..... (Rupees
.....Only) being the commutation of eligible pension payable to Late
.....

Date:

Revenue
stamp

Witness:

Signature:

Form VI

[See regulation 39 (9)]

Name of the Bank : ANDHRA PRAGATHI GRAMEENA BANK, HEAD OFFICE, KADAPA

Application for Commutation of Pension without Medical Examination

(to be submitted within one year from the date of retirement)

To
The Chairman,
Andhra Pragathi Grameena Bank,
Head Office, Kadapa.

Space for
Affixing
attested
passport size
photograph

Dear Sir,

I retired/will retire from the Bank's service with effect from ----- and have opted for Bank's Pension Scheme. I desire to commute a fraction of my pension in accordance with the Andhra Pragathi Grameena Bank (Employee's) Pension Regulations, 2018. The necessary particulars are furnished below:

Name in full (in block letters) : _____
Emp.No. : _____
Designation at the time of Retirement : _____
Name of Office/Department from which retired : _____
Date of birth (as per Bank's Service Record) : _____
Date of Retirement : _____
Class of Pension : _____
Fraction of Pension proposed to be Commuted not exceeding 1/3rd thereof. : _____

Signature

Place :

Address: _____

Acknowledgement

Received from Shri/Smt/Kum _____ application for commutation of Pension.

Former Designation

Place :

Date :

(Signature of Branch Manager/Regional Manager)

VII

[See regulation 39 (9)]

Name of the Bank : ANDHRA PRAGATHI GRAMEENA BANK, HEAD OFFICE, KADAPA

Application for Commutation of Pension subject to Medical Examination

(to be submitted in duplicate)

PART – I

Space for
Affixing
attested
passport size
photograph

To
The Chairman,
Andhra Pragathi Grameena Bank
Head Office, Kadapa

Dear Sir,

I desire to commute a fraction of my pension in accordance with Andhra Pragathi Grameena Bank (Employee’s) Pension Regulations, 2018. An attested copy of my photograph is affixed on the application and an unattested copy is enclosed. The necessary particulars are furnished below:

- 1. Name in full (in block letters) : _____
- 2. Emp.No. : _____
- 3. Designation at the time of retirement : _____
- 4. Name of Office/Department from which retired : _____
- 5. Date of birth (as per Bank’s Service Record) : _____
- 6. Date of Retirement : _____
- 7. Class of Pension : _____
- 8. Fraction of Pension proposed to be commuted not exceeding 1/3rd thereof : _____
- 9. Preference for station where medical examination is desired to take place : _____

Place :

Date :

Signature

Address : -----

Acknowledgement

Received from Shri/Smt/Kum.
application for commutation of Pension.

(Former

Designation) Place :

Date :

(Signature of Branch Manager/Regional Manager)

Form VII - PART III

Name of Bank : ANDHRA PRAGATHI GRAMEENA BANK, REGIONAL OFFICE, REGION

(Draft Letter to Bank's Medical Officer referring the pensioner for Medical Examination)

To
The Medical Superintendent,
District Government Hospital,
.....

Ref. No.: Date :

Sir/Madam,

Medical Examination-Commutation of Pension

Shri /Smt./ Kum. _____ who retired from the service of Andhra Pragathi Grameena Bank, on _____ as _____ (Designation) has applied for commuting a fraction of his/her pension for a lump sum payment. The following documents are forwarded herewith.

(a) Application in Form No.VII in original.

In terms of regulation 39(7) of Andhra Pragathi Grameena Bank (Employees') Pension Regulations, 2018 (commutation of pension), Shri/Smt./Kum. _____ should be examined by a Medical Officer (Civil Surgeon Cadre). It is requested that arrangement may be made to get Shri / Smt. / Kum. examined as expeditiously as possible preferably within four weeks.

Please submit your report in the format annexed, in a sealed cover.

A copy of this letter is being endorsed to him/her so that he/she may appear for medical examination before you at the earliest.

The receipt of this letter may please be acknowledged.

Yours faithfully

**(Regional Manager/
Designated Authority)
Regional Office
.....Region**

Form VIII

[See regulation 39(9)]

PART I

Name of Bank ANDHRA PRAGATHI GRAMEENA BANK, HEAD OFFICE, KADAPA

Space for
Affixing attested
passport size
photograph

**Declaration by the Pensioner for facilitating
Medical Examination by the Bank's Medical
Officer/Civil Surgeon.**

The applicant must complete this statement prior to his examination by Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's Medical Officer/Civil Surgeon.

1. Name in full (in block letters)
2. Date of birth (as per Bank's Service Record)
3. Particulars regarding Parents.
Father's age, if living and state of health.
Father's age at death and cause of death.
Mother's age, if living and state of health.
Father's age at death and cause of death.
4. Have you been considered for grant of invalid Pension ?
If so, state the ground thereof.
5. Have you been granted leave on Medical certificate during the
Last three years of your service ? if so, state period of leave
and nature of illness.
6. Have you during the last three years period
 - (a) suffered from any major illness requiring hospitalization ?
If so, the nature of illness and period of hospitalization may please be indicated; or
 - (b) undergone any major surgical operation
 - (c) lost or gained weight markedly

Applicant's signature or thumb- impression in case of illiterate applicant

Declaration by Applicant

To be signed in presence of the Bank's Medical Officer/ Civil Surgeon

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

Applicant's signature or thumb- impression in case of illiterate applicant

(Signature of Bank's Medical
Officer/Civil Surgeon)

Form VIII - PART II Medical
details of the Pensioner
(To be filled by the examining Medical Officer)

1. Apparent age
2. Height
3. Weight
4. Describe any scars or identifying
Marks of the applicant
5. Pulse rate-
 - a) Sitting
 - b) Standing

What is the character of the pulse ?

6. Blood pressure-
 - a) Systolic
 - b) Diastolic
7. Is there any evidence of disease of the main organs -
 - a) Heart
 - b) Lungs
 - c) Liver
 - d) Spleen
 - e) Kidney
8. Investigations (wherever considered
necessary by the Bank's Medical Officer)
 - (i) Urine (State specific gravity)
 - (ii) Blood
 - (iii) X-R-ray Chest
 - (iv) E.C.G.
9. Any additional finding

(Signature and Designation of Examining Medical Officer)

Form VIII - PART III

Certificate of Fitness for Payment of Commutation of pension

(To be filled by the examining Medical Officer)

I/We have carefully examined Shri/Smt./Kum. _____ and am/are of opinion that-

He /She is in good bodily health and has the prospect of an average duration of life.

OR

He /She is not in good bodily health and is not a fit subject for commutation.

OR

Although he/she is suffering from _____

_____ he/she is considered fit subject for commutation but his/her age for the purpose of commutation, i.e. the age next birthday should be taken to be _____ (In words) years more than his/her actual age.

Place :

Date :

SEAL

**(Signature and Designation of
Examining Medical Officer)**