JOINT OPTION UNDER THE EMPLOYEES' PENSION SCHEME, 1995

[For Serving Employees & EPS Pensioners on Rolls (attained 58 years but not 60 years)]

The Region	al Provident Fund Commissioner
Employees	Provident Fund Organization

Joint Option under the erstwhile Para 11(3) and Para 11(4) of Employees' Pension Scheme (EPS), 1995 based upon the Hon'ble Supreme Court's Judgement dated 04.11.2022 in SLP(C) Nos. 8658-8659 of 2019

- 1. In line with Paras 43 & 44(ii) & (iv0 of the Judgement dated 04.11.2022 of the Hon'ble Supreme Court of India, eligible employees are required to submit Joint Option under erstwhile Para 11(3) & 11(4) of EPS, 1995 within a period of 4 months from the date of judgement.
- 2. Considering that no Format for Joint Option has yet been finalized by EPFO nor hosted in the EPFO Website, in pursuance of Formats issued by various Ros / EPFO in the years 2017 & 2018 while implementing the RC Gupta Judgement, we (employee and employer) are hereby submitting Joint Option Form as required under erstwhile Para 11(3) & 11(4) of EPS, 1995, for claiming pension on actual salary instead of the wage / salary ceiling limit of Rs.15,000/- pm under the EPF Act, 1952.
- 3. Particulars of the employee are as under:-

(i)	Name	
(ii)	Personnel / MA Number	
(iii)	GRSE Division / Office & Location	
(iv)	Date of Joining GRSE	
(v)	E.P.F Account Number	
(vi)	E.P.S Account Number	
(vii)	UAN Number	
(viii)	Mobile Number	
(ix)	Aadhar Number	



(x)	Correspondence Address	
(xi)	E-mail ID	
Addi	tional Information in respect of employees who have	attained 58 years of age but
not a	ttained 60 years (superannuation age in the Compan	y) and are drawing pension
unde	r EPS, 1995, are as under:	3,
(xii)	PPO Number	
(xiii)	Date of attaining the age of 58 years of age (eligible	
	for Pension under EPS 1995)	
(xiv)	Date of Actual Superannuation / Cessation of Service	
(xv)	Name of Pension disbursing Bank and Branch	
(xvi)	Bank Account Number where Pension is being	
	credited with IFSC Code & MICR No.	

DECLARATION BY THE EMPLOYEE

- 1. It is certified that immediately after joining GRSE Ltd., I had been contributing towards the Provident Fund on my actual wage / salary and an equal amount used to be 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/- pm (earlier Rs.5,000/- / 6,500/-) out of the Employer's Contribution has been remitted by my employer every month towards EPS, 1995 since 16.11.1995 / the date of my joining, whichever is later.
- 2. I do hereby opt for diverting 8.33% of my actual salary / wages out of Employer's Contribution from my PF A/c. towards Pension Fund (after adjusting the amount already remitted by the employer to the Pension Fund upto the prescribed wage ceiling under the Act) from the date of joining EPS, 1995 till my attaining the age of 58 years. I hereby authorize, PF Trust of GRSE Ltd. To transfer the differential amount with interest accrued thus making me eligible for drawing pension on the basis of actual salary / wages instead of on the salary / wages fixed as per prevailing ceiling under the Act, in accordance with the aforesaid judgement.
- 3. I also undertake that in case my corpus / balance in PF Account is insufficient to meet the aforesaid requirement, I am ready to pay the differential amount thus making me eligible for drawing pension on the basis of actual salary / wages instead of on the salary / wages as per prevailing ceiling under the Act, in accordance with the aforesaid judgement.

	4. I understand that the Joint Option Form submitted by me shall be subject to acceptance by EPFO. I further understand that the Option exercised is irrevocable at any later date, and no claim for change of Option shall be entertained or considered under any circumstances.
	5. I undertake that the Option exercised herein is subject to the EPFO instructions / guidelines / directives that may be issued from time to time.
	Signature
	Place:
	Date :
	UNDERTAKING BY THE EMPLOYER
	[Name & Designation) being the Authorized Signatory of M/s
	I certify that the particulars furnished above are correct as per the available Office Records.
	
	(Signature with Name Designation & Office Seal)
	Place :
P	Date :