

ISSUED BY
HUMAN RESOURCE OPERATIONS
HEAD OFFICE, BARODA

SUB/FILE: PERS-4

CIRCULAR TO ALL BRANCHES / OFFICES IN INDIA

Dear Sir / Madam

Re: Introduction of simplified Composite Application Form of Terminal Benefits Claims

It has been decided to replace the current procedure of submitting separate Forms for different Terminal Benefits by one composite application form for claiming all the Terminal Benefits.

As per the current laid down practice, employees & their spouse who are eligible to claim terminal benefits on account of superannuation/resignation/VRS/termination/death etc has to fill up the following 4 types of forms –

<u>Form Type</u>	<u>For</u>
A.	PROVIDENT FUND
B.	PENSION
C.	GRATUITY
D.	ADDITIONAL RETIREMENT BENEFITS

(Over & above, two undertakings are also obtained along with above forms)

Each type of above mentioned claim form consists of 2 to 3 pages running up to 12 pages, and filling up the four types of forms adds to lot of duplication of work and repetition of information. In order to simplify the form, we have devised a new “**Composite application form of terminal benefit**” (enclosed as **Annexure-A**), wherein the eligible retiring staff member/spouse/other claimant (as the case may be) has to fill only one form (i.e 1st page of 2 pages form) in which all the details including required undertakings will be given by the claimant and 2nd page will have to be filled by the Branch/office. While filling the form please ensure that-

- ✓ Form is filled legibly in Capital Letters & ticked (✓) on applicable heads of Terminal Benefits for which claim is being submitted. Branch to forward the claim in triplicate to RO using Annx.B only.
- ✓ It is submitted in Triplicate (One original & two Xerox) by Regional Office to HO using Annx.C only.

BENEFITS OF NEWLY DEvised COMPOSITE CLAIM FORM:

- Will avoid duplication of work of filling the same information in the different forms by the claimant of Terminal benefits.
- Will save time of Branch & HR functionary at the Regional Office in filling up of 4 types of forms repeating the basic information and salary details in all the forms.
- Verification of employee's service, salary, Loss of Pay (LOP) particulars in one page form will be easier for Branch & RO.
- Will not only save time at every level but will also save on the cost of the paper, cartridges of printer etc.
- Will save cost of dispatch, which is levied by Postal Authority/Couriers on weight of the article

UTILISATION OF NEW FORM:

We have uploaded the new composite form on Bank's intranet from where branches/offices/claimants can download this newly devised form following path: Documents → Resources → Forms → Composite application form for Terminal benefit (Annx.A) and also Forwarding letter for submitting claims by the branch to RO (Annx.B) and Forwarding letter for submitting claims by the RO to HO (Annx. C).

We request all branches/offices to inform their retiring staff to use **Composite Application Form** from **01-12-2016** onwards for claiming terminal benefits. However, if anyone has already submitted claim of Terminal Benefits in existing claim forms, he/she needs not to fill this new Composite application form.

We also enclose sample forwarding letters i.e. Annexure-B and C.

Yours faithfully,


 (R N Jani)

HEAD (HR - Operations)

Encl : Annexure-A, B & C

**INSTRUCTION:**

1. TO BE FILLED IN BY THE CLAIMANT IN BLOCK LETTERS
2. SUBMIT IN TRIPLICATE (ONE ORIGINAL AND 2 XEROX)

Annexure - A

Date : _____

COMPOSITE APPLICATION FORM OF TERMINAL BENEFITS CLAIMS

EC No.	
ALPHA	

The Trustees of PF, Pension & Gratuity Trust / Head (HR Operations)
Bank of Baroda
Head Office, Baroda House, 1st Floor, Mandvi, BARODA – 390 006

Dear Sir,

Re: Request to pay terminal benefits –PF () PENSION () GRATUITY () ADDITIONAL Retirement Benefit ()(Tick ☒ on applicable heads of terminal Benefits)

Name of Claimant / Employee: Mr/Mrs/Ms _____

(Tick -/ as applicable)

Relationship with the employee (if claimant is not employee) : _____ (in case of death of employee)

I, Mr/Mrs/Ms _____ request you to pay terminal benefits.

My salary A/C No. is _____, BR ALPHA _____, City/District _____

My pension A/C No. is _____, BR ALPHA _____, City/District _____

Employee's Particulars are as under:

Present Designation: _____ Grade /Scale : _____ Last Promotion Date : _____

Branch / Office presently posted _____

Date of Birth : _____

Date of Joining Bank of Baroda: _____ Joined as : _____ (Officer or Award Staff)

Date of Retirement / Cessation / Death : _____ Reason of Cessation : _____

Total length of Service : ____ Yrs ____ Months ____ Days

Loss of Pay / Unauthorized absence/ sabbatical Leave, if any: _____ (No. of Days),

Suspension Period (not treated on duty) : From _____ to _____ (____ No. of Days),

Residential Address in full (After Retirement Address): _____**Pin Code** _____

Tele No. (With STD Code): _____, Mobile No.: _____ Email id _____

Whether Pension Optee : YES / NO (Tick ☒ which is applicable).**If yes, pl. send 3 sets of passport size Photograph, together with spouse / In case of family pension pl. enclose the death certificate of the employee****I request you to give me commutation of my pension to permissible limit of 1/3rd of my pension (or to the extent of of my pension) as per rules. : YES / NO (Tick ☒ which is applicable)**

Dependant Family members as defined in BOB (E) Pension Regulations, 1995 :

Name of Family Member	Relation with Employee	Date of Birth	Occupation
1.			
2.			
3.			
4.			

1. UNDERTAKINGS & AUTHORITY TO RECOVER BANK'S / PF'S DUES FROM MY TERMINAL BENEFITS

I, _____ the undersigned hereby authorize you to recover the Bank's as well as Provident Trust's dues from the Terminal benefits payable to me.

2. UNDERTAKING FOR RECOVERY OF EXCESS PAYMENT OF PENSION (PPO No. _____)

In consideration of your having agreed to credit payment of Pension due to me every month in my Pension account with you, I the undersigned, agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my Pension account in excess of amount to which I would not be entitled.

I further hereby undertake and agree to bind myself and my successors. Executors and administrators to indemnify the Bank, in so crediting my Pension to my pension account and to forthwith pay the same to the Bank and also irrevocably authorize the bank to recover the amount due debit to my said account or my other account or deposit belonging to me in possession of the Bank.

Date : _____ Place : _____

Signature of the Claimant
(Name : _____)

EC No.							
ALPHA							

We give below the details of Basic pay, special pay, qualification, fixed personal allowance etc., if any, drawn by the aforesaid employee in last 10 months before retirement as defined in Regulation 38 of the BOB(E) Pension Regulations, 1995.

Sr.	Month Year mm-yyyy	Basic Pay	Stagnation Increment	Special pay (only Award Staff)	PQP / Edu. Allow	PPP/Fixed Personal Pay **	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	TOTAL						

** For PPP/FPP :- Mention only Basic portion (CARE :-> New Spl Allow not to be taken for Pension , Gratuity & ARB)

Rate of last salary drawn :

Basic	Rs.	CCA	Rs.
Stagnation Increment	Rs.	PQA / Edu.Allowance	Rs.
Special Pay	Rs.	FPP - Basic	Rs.
HRA (Notional)	Rs.	Transport Allow	Rs.
Dearness Allowance	Rs.	Other _____ (pl. specify)	Rs.
	Total	Rs.	

Outstanding balance in respect of loans granted as of _____ (Date)

Loan from Bank	Rs.	Housing Loan	Rs.
Loan from PF Trustees	Rs.	Other Loan _____ (pl. specify)	Rs.

Financial loss caused to the Bank by the act of the Employee / Officer (if any) Rs.
(applicable only in case of dismissal, removal or compulsory retirement)

(1) We have verified the aforesaid facts and found correct as per records. We recommend payment of **PF () PENSION () GRATUITY () ARB ()** (Tick ✓ on applicable heads) to the claimant/Employee. (2) We confirm having recovered excess salary, if any paid.

Date :

Seal of the Branch :

SIGNATURE OF BRANCH / OFFICE MANAGER

Recommendations of the Regional Office :

We Certify that there is no disciplinary / prosecution pending / contemplated against the aforesaid employee and there is no financial loss • incurred / caused to the Bank by the conduct of the aforesaid employee. (Vigilance clearance attached/ arranging to send). We recommend the payment of his /her Terminal Benefits.

Encl.

Name of the Region /Seal:

Date :

SIGNATURE OF THE DY.GEN. / REGIONAL MANAGER

(Note : In case of any disciplinary / prosecution case is pending /contemplated or any financial loss is occurred, please send us full details there of like, copy of charge sheet, DA Order etc..)

Regional Authority should ensure that necessary information is invariably furnished in the application in order to avoid correspondence and consequent delay in settlement of the gratuity claim.

..... **FOR HEAD OFFICE USE**

- The aforesaid claim is in order. We may, therefore authorize the branch / office to disburse Rs. _____ being the amount of additional retirement benefit.
- The aforesaid claim is not in order as the employee has not completed 25 / 30 years of service and therefore, the same is regretted. Payment stated above is hereby approved.

SENIOR MANAGER (GRATUITY)

CHIEF MANAGER (P & G) / ASSTT. GEN.MANAGER (HRM)

Date :

Format of Forwarding letter of submitting Terminal Benefits claims by the Branch to Regional / Controlling Office

The Regional Manager
Bank of Baroda

Annexure-B

Region

EC No.	
ALPHA	

Dear Sir,

Re: Terminal Benefit Composite application claim form of –

Mr/Mrs _____ **EC No.** _____, **Designation** _____
Date of Retirement / Cessation _____, **Reason of Cessation** _____

We forward herewith duly filled in 3 copies (one original & two zerox) of Terminal Benefit Composite application claim forms submitted by Mr./Mrs./Ms. _____. The Composite application claim form has been submitted for settlement of claim of following Terminal Benefits:

Claim Submitted for	Tick <input checked="" type="checkbox"/> below applicable heads
PROVIDENT FUND	
PENSION	
GRATUITY	
ADDITIONAL RETIREMENT BENEFIT	

In case of VRS / Resignation () :

1. The employee is relieved on _____ and copy of Relieving letter enclosed.
2. Excess Salary / PF of Rs. _____ recovered on _____

In case of CRS / Termination / Removal / Dismissed () :

1. The employee ceased to be in Service with effect from _____.
2. Excess Salary / PF of Rs. _____ recovered on _____
3. Copy of DA order enclosed.
4. Copy of charge sheet enclosed.

In case of Death () :

1. Name of claimants / Nominees & Their Relationship () :

<u>Sr.</u>	<u>Name</u>	<u>Relation</u>	<u>% Share</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

2. Excess Salary / PF of Rs. _____ recovered on _____
3. Copy of certified Death certificate enclosed.
4. Copy of certified Succession certificate enclosed, if applicable.
5. Copy of Certified Family Tree enclosed, if applicable.

Special Remarks (if any) :

In case of Thumb impression of claimant/s, same is authenticated by us.
We request you to arrange for processing of his/her claims of terminal benefits.

Yours Faithfully,

Seal & Signature of Branch Head

Encl. Following as required :

1. Composite form. PF () PENSION () GRATUITY () ARB ()
2. Copy of DA Order ()
3. Copy of charge sheet ()
4. Copy of certified Death Certificate ()
5. Copy of certified Succession certificate ()
6. Copy of Certified Family Tree (Pedhinamu) ()
7. Relieving letter (in case of VRS/Resignation) ()
8. Any other _____ ()

Format of Forwarding letter of submitting Terminal Benefits claims by the Regional / Admin office to Head Office

The Head (HR-Operations)

Bank of Baroda

HEAD OFFICE

Baroda House, 1st Floor

Mandvi

Baroda-390006

Annexure-C

EC No.						
ALPHA						

Dear Sir,

Re: Terminal Benefit Composite application claim form of –

Mr/Mrs _____ EC No. _____, Designation _____
Last posting at _____ Branch / Office Alpha : _____
Date of Retirement _____, Reason of Cessation _____

IN CASE OF DEATH OF EMPLOYEE

Name of Claimant: Mr./Mrs. _____
Relation with employee : _____ (Certified Death certificate Enclosed)

We forward herewith duly filled in Terminal Benefit Composite application claim forms in Triplicate submitted by Mr./Mrs. _____. The Composite application claim form has been submitted for settlement of claim of following Terminal Benefits:

Claim Submitted for	Tick <input checked="" type="checkbox"/> below applicable heads
PROVIDENT FUND	
PENSION	
GRATUITY	
ADDITIONAL RETIREMENT BENEFITS	

Special Remarks (if any) : _____

Vigilance Clearance : (a) Vigilance clearance is enclosed.

OR

(b) We are yet to receive Vigilance clearance from Competent Authority and note to forward the same to your office immediately on its receipt.

Recommendations of Branch as well as Regional Authority are incorporated in the claim form towards above claims .

- In case, of VRS / Resignation, the employee is relieved on _____ and excess salary, if any is recovered.
- In case of other than superannuation End employment is done in HRMs.

We request you to arrange for processing of his/her claims of terminal benefits.

Yours Faithfully,

Seal & Signature of Regional authority

Encl. Following as required :

1. Composite form. PF () PENSION () GRATUITY () ARB ()
2. Vigilance Clearance Certificate ()
3. Copy of DA Order ()
4. Copy of Punishment order ()
5. Copy of certified Death Certificate ()
6. Copy of certified Succession certificate ()
7. Copy of Certified Family Tree (Pedhinamu) ()
8. Relieving letter (in case of VRS / Resignation) ()
9. _____ ()