BSNL Corporate Office
Pension Section 5th floor,
Bharat Sanchar Bhawan
H.C. Mathur Lane,
New Delhi-110001

भारत संचार निगम लिमिटेड
(भारत सरकार का उपक्रम)
BHARAT SANCHAR NIGAM LIMITED
(A Govt. of India Enterprise)

No. BSNLCO-A/12(12)/4/2021-ESTAB

Date: 14th January, 2022

To,

All Heads of Telecom Circles &
All Heads of other Administrative Units
Bharat Sanchar Nigam Limited

Subject: Guidelines to the circles regarding processing of the cases of Superannuation Pension Scheme (SPS) for BSNL Direct recruitee -reg.

Sir,

I am directed to refer to the subject mentioned above and to say that BSNL CO has introduced Superannuation Pension Scheme (SPS) for direct recruit employee w.e.f. 05.05.2016. CA Branch of BSNL CO has issued necessary instructions from time-to-time for operation of the scheme. Of late, it has been noticed that some of the employees, who were members of the Scheme have superannuated/retired/deceased and such employees/their beneficiaries have become eligible for benefits under SPS.

2. In connection with processing of cases, the required forms for settlement of claims under the scheme have been finalized in consultation with the fund manager i.e. LIC of India and these are enclosed herewith. The circles/units will be required to send the duly completed forms along with requisite documents [as per list indicated in forwarding letter addressed to Sr. GM(Estt.), which is part of the forms/documents enclosed] while forwarding the cases of SPS after verification of all the inputs.

2. It has been further decided that a nodal officer (SDE/AO or above) may be designated in each circle/unit for forwarding of SPS claims to BSNL CO. All SPS cases may be routed through nodal officer to BSNL Corporate Office. It should be the duty of nodal officer to check that all the SPS claim forms are in order and necessary documents are attached along with SPS claim forms. The circles/units will forward the hard copies of claim forms, in original along with requisite documents to Corporate Office and also a soft copy (in PDF) at Email ID- *bsnlcodrsps@gmail.com*.

3. The SPS claim will be settled in the following manner :-

a) Employee/beneficiary, as the case may be, will fill the SPS claim form/ papers on superannuation/retirement/death and submit the same to the office where the employee last attended.

14/01/2022

Contd.....2/-

b) There are a number of options under the Scheme out of which one option is to be chosen by the employee/beneficiary. The pension option must be filled by the employee/beneficiary only and once option is exercised it will be final. Any change in the option exercised by the employee/beneficiary will be within the jurisdiction of LIC. BSNL will have no role in this regard.

c) The duly filled in SPS claim forms will be forwarded to designated Nodal officer in the Circle/Unit. It will be the duty of nodal officer to check that the claim is in order and all necessary documents have been attached. After verification of the claim, the Circle/Unit will forward the complete SPS claim to Estt. Branch, BSNL Corporate Office for further processing.

d) After receiving the complete SPS claim, Estt. Branch will scrutinize the claim. Incomplete claims will be returned to the concerned office. If the claim is in order, the claim will be forwarded to Corporate Accounts Branch, BSNL CO for verification of deposit of actual contribution in respect of concerned employee to LIC. The Corporate Accounts Branch will issue a certificate to the effect that contribution has been remitted to LIC along with related details in respect of the particular employee. After receipt of certificate from BSNL CA Branch, the complete case will be forwarded to LIC office for release of SPS benefits to the member/beneficiary.

e) Once the SPS case was finally settled, BSNL will not be concerned with regard to annuity benefits. The employee/beneficiary will communicate directly with LIC with regard to dispute/discrepancy in annuity amount.

4. Any clarification with regard to the Superannuation Pension Scheme and contribution made under the scheme will be provided by CA Branch, BSN CO.

5. Sincere efforts may also be made by the Circle/Units to intimate the eligible employees or their beneficiary, as the case may be, to submit the claim form for SPS benefit by sending SMS or contacting through telephone or any other means of communication.

This is issued with the approval of the Competent Authority.

Yours faithfully,

14/01/2022

(Sanjeev Kumar)
AGM (Estt.-I)

Encl:- As stated above.

533703/2021/ESTT-BSNL CO

BSNL Employees Superannuation Pension Fund Trust

No. Date:

To,
The Manager (P&GS)
LIC of India
Delhi Divisional Office – 1,
Jeevan Prakash, 6th, 7th Floor,
25, K.G. Marg,
New Delhi – 110 001.

Dear Sir,

Reg: Master Policy No. 103004833 LIC ID…….. – Claim Papers.

Enclosed please find herewith the following documents (duly attested) for payment of Commutation/ Annuity in favour of Mr./Ms._____, LIC ID No. ……..of Member/Beneficiary.

1. Form No. A : Application for Annuity Pension with enclosures-
   - (i) Proof of Date of Birth of Member and Beneficiary
   - (ii) Particulars of Employee and Employer Contribution
   - (iii) Option form for annuity (Option once exercised will be final)
     Option Opted: ……. , If joint life option opted (Yes/No) ……
   - (iv) Death Certificate in case of death of member
2. Form No. B- Letter of authority for payment of annuity
3. Form No. C- Pension Claim Form with Enclosures :
   - (i) Copy of PAN Card of Member and Beneficiary
   - (ii) Copy of AADHAR of Member and Beneficiary
   - (iii) Cancelled pre printed Cheque/Copy of bank Passbook front page of Joint Bank Account in name of Member and Beneficiary
4. Form No. D- Discharge Receipt to be completed by the Annuitant
5. Form No. E- Discharge Receipt to be completed by the Trustees
6. Form No. F-Nomination Form

Encls: As above

For and on behalf of
BSNL Employees Superannuation Pension Fund Trust

Trustee Trustee

533703/2021/ESTT-BSNL CO

BSNL Employees Superannuation Pension Fund Trust

No. BSNL/ Date:

The Manager (P&GS)
LIC of India
Delhi Divisional Office – 1,
Jeevan Prakash, 6th, 7th Floor,
25, K.G. Marg,
New Delhi – 110 001.

Subject : Authorization for payment as per annuity arrangement to the nominee(s).

Reference : Pension Case of Shri/Smt……..

LIC ID No……

Pension Option…….

Member/Beneficiary…….

We hereby authorize LIC to pay the amount of Return of Corpus(Purchase Price) payable under the annuity arrangement upon the death of the annuitant directly to the nominee(s). The nomination effected by the member is attached and LIC of India is authorized to make the payment to the nominee(s) mentioned therein or to the nominee(s) as per the changes of nomination effected by the annuitant during his/her lifetime for which notice was given by the annuitant to LID of India in writing.

We hereby declare and agree that the payment of Arrear of Annuity Installments, If any, Payable till the death of the annuitant or during the period guaranteed and/or the amount " Return of Corpus" Purchase Price as mentioned in the claim forms submitted along with this) upon the death of the annuitant to the nominee(s) will extinguish all claims and rights of the Trustees for which we are discharging our claims through this letter.

For and on behalf of,
BSNL Employees Superannuation Pension Fund Trust

Trustee **Trustee**

533703/2021/ESTT-BSNL CO

Name of SSA/BA and Circle

No. Date:

The Sr.GM(Establishment)
BSNL Corporate Office,
5th Floor, Bharat Sanchar Bhawan
H.C.Mathur Lane, Janpath
New Delhi-110001

Dear Sir,

Reg: Master Policy No. 103004833 LIC ID…….. – Claim Papers.

Enclosed please find herewith the following documents (duly attested) for payment of Commutation/ Annuity in favour of Mr./Ms._____, LIC ID No. …….of Member/Beneficiary.

1 Form No. A : Application for Annuity Pension with enclosures-
   (i) Proof of Date of Birth of Member and Beneficiary
   (ii) Particulars of Employee and Employer Contribution
   (iii) Option form for annuity (Option once exercised will be final)
   Option opted: ……..
   (iv) Death Certificate in case of death of member

2. Form No. B- Letter of authority for payment of annuity
3. Form No. C- Pension Claim Form with Enclosures :
   a. Copy of PAN Card of Member and Beneficiary
   b. Copy of AADHAR of Member and Beneficiary
   c. Cancelled pre printed Cheque/Copy of bank Passbook front page of Joint Bank Account in name of Member and Beneficiary
4. Form No. D- Discharge Receipt to be completed by the Annuitant
5. Form No. E- Discharge Receipt to be completed by the Trustees
6. Form No. F-Nomination Form
7. Administrative Order of Superannuation/VRS/Resignation/Death
8. Last Pay Certificate
9. No dues Certificate
10. Vigilance Clearance Certificate(Not applicable in case of death of member)
11. Declaration/Recommendation by Head of Unit for grant of Pension
12. Three Joint Photograph of Member and Beneficiary

Each documents is duly attested and submitted for further forwarding to M/s LIC of India for settlement of Pension Case.

Pension Case is sent with the approval of competent authority.

(Name Signature and Mobile No. with Office Seal)

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Encls: As above

Form No. A

BSNL Employees Superannuation Pension Fund Trust

APPLICATION FOR PENSION

Type of Scheme : BSNL Superannuation Pension Scheme

Master Policy No. : 103004833

Joint Photograph of Member/Annuitant and Beneficiary/Nominee

I would like to submit our claim for payment of the benefits under the BSNL Superannuation pension scheme held by BSNL Superannuation pension fund Trust. The details are given below for your perusal :

1	Name of Member	
2	LIC ID Number	
3	Employee HRMS No.	
4	Date of Birth	
5	Date of Birth/Date of Joining	
6	Cause of Exit (In case of death, cause of death and Original Death Certificate to be attached)	
7	**(i) Particulars of Member/Annuitant** (a) Complete Residential Address for Correspondence (b) Permanent Residential Address (c) Phone Number/E-Mail (d) PAN	
	(ii) Particulars of Beneficiary/Nominee (a) Complete Residential Address for Correspondence (b) Permanent Residential Address (c) Phone Number/E-mail (d) Date of Birth (e) Relation to Member/Annuitant (f) Specimen Signature of Beneficiary/Nominee	
	(iii) Bank Account Details of Joint Account of Member/Annuitant and Beneficiary/Nominee (a) Name of Bank (b) Name of Bank Branch (c) IFSC Code (d) Type of Account (e) Account Number (As appearing in your cheque book)	
8	Whether option to commute part of pension exercised or not:	Yes / No
9	If the answer is Yes what Proportion (Maximum 1/3 Portion can be commuted)	

10	Type of pension option elected(Initials of the member/Beneficiary against the pension option exercised by the Member/Beneficiary)	Option Chosen
	Options available : (Tick the option chosen) for details please refer Annexure	Sign/Initials of the Member/Beneficiary
	a) Annuity for Life	
	b) Annuity for life with return of Capital(ROC)	
	c) Annuity for 5 years certain & Life thereafter	
	d) Annuity for 10 years certain & Life thereafter	
	e) Annuity for 15 years certain & life thereafter	
	f) Annuity for 20 years & life thereafter	
	g) Annuity for life increasing at a simple rate of 3% per annum	
	h) Annuity for Life with a provision for 50% of the Annuity payable to the spouse on death of the Annuitant	
	i) Annuity for Life with a provision for 100% of the Annuity payable to the spouse on death of the Annuitant	
	j) Annuity for Life with a provision for 100% of the Annuity payable to the spouse on death of the Annuitant with return of purchase price on death of last Annuitant	
11	Mode of Annuity	Monthly/Qty/Hly/Yearly
	a) Do you want annuity records to be transferred to a unit nearest to your corresponding address	
	b) If yes, Please provide name and address of the P&GS Unit	

Encls: 1. DoB Certificate of Member and Beneficiary(ies)
2. Particulars of Contribution
3. Option form
4. Death Certificate (in case of death of Member)

(Signature of Member/Beneficiary)

Note :- It is very important that appropriate answers are given specifically under item numbers 6,7,8,9 and 10 and 11 without which the settlement will not be possible.

Checked and Attested by

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)

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To be completed by A/Cs / Pay Roll

Particulars of Contribution made (GL 1310203) against Superannuation pension scheme as per SAP

Month	Year	Basic Pay	DA	Total	Employer Share of Contribution	Employee Share of Contribution
April						
May						
June						
July						
August						
September						
October						
November						
December						
January						
February						
March						

Signature of Officer drawing the Pay
Designation
Name of SSA/BA
Name of Cirlce

Option Form

a. **Annuity for life :-** Under this option, Annuitant i.e. Member/Beneficiary(in death case) will get Annuity(pension) till he/she survives and it will discontinued after his or her death. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

b. **Annuity for life with return of Capital (ROC) :-** Under this option, Annuitant i.e. Member/Beneficiary(in death case)will get Annuity(pension) till he/she survives and it will discontinued after his or her death. Corpus i.e. purchase price of Annuity shall be payable to his/her to his/her beneficiary(ies) or nominee(s).

c. **Annuity for 5 years certain & Life thereafter :-** Under this option, annuity(Pension)will be payable for 5 years whether Annuitant i.e. Member/Beneficiary(in case of death) survives or not and after 5 years Annuitant will get pension till he/she survives and it will discontinued after his or her death. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

d. **Annuity for 10 years certain & Life thereafter :-** Under this option, annuity(pension) will be payable for 10 years whether Annuitant i.e. Member/Beneficiary(in case of death) survives or not and after 10 years Annuitant will get pension till he/she survives and it will discontinued after his or her death. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

e. **Annuity for 15 years certain & life thereafter :- :-** Under this option, annuity(pension) will be payable for 15 years whether Annuitant i.e. Member/Beneficiary(in case of death) survives or not and after 15 years Annuitant will get pension till he/she survives and it will discontinued after his or her death. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

f. **Annuity for 20 years certain & life thereafter :- :-** Under this option, annuity(Pension) will be payable for 20 years whether Annuitant i.e. Member/Beneficiary(in case of death) survives or not and after 20 years Annuitant will get pension till he/she survives and it will discontinued after his or her death. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

g. **Annuity for life increasing at a simple rate of 3% p.a :-** Under this option, Annuitant i.e. Member/Beneficiary(in death case) will get Annuity(pension) till he/she survives and annuity payable will increase at a simple rate of interest @ 3 % p.a. till he/she survives and it will discontinued after his or her death. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

h. **Annuity for life with a provision for 50% of the annuity payable to the spouse on death of the annuitant:-** Under this option, Annuitant i.e. Member/Beneficiary(in death case) will get Annuity(pension) till he/she survives and 50% of the annuity will be payable till his or her last spouse survives. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

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i. **Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant:-** Under this option, Annuitant i.e. Member/Beneficiary(in death case) will get Annuity(pension) till he/she survives and 100% of the annuity will be payable till his or her last spouse survives. Corpus will also not be returned to nominee/beneficiary of Annuitant and No further payment of annuity/pension shall be made to his/her beneficiary(ies) or nominee(s).

j. **Annuity for life with a provision for 100% of the annuity payable to the spouse on death of the annuitant with return of purchase price on death of last annuitant:-** Under this option, Annuitant i.e. Member/Beneficiary(in death case) will get Annuity(pension) till he/she survives and 100% of the annuity will be payable till his or her last spouse survives. Corpus i.e. purchase price of Annuity shall also be returned to nominee(s)/beneficiary(ies) of Annuitant.

I have read and understand all the options in details and hereby opt the Option No…….. I also know that the option once exercised cannot be altered.

Checked and Attested by **Signature of Member/Beneficiary**

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)

533703/2021/ESTT-BSNL CO

Form No. B

BSNL Employees Superannuation Pension Fund Trust

(LETTER OF AUTHORITY FOR PAYMENT OF ANNUITY)

No.BSNL / Date:

The Manager (P&GS), LIC of India,
Delhi Divisional Oflice-1, Jeevan Prakash,
6th& 7th Floor, 25, Kasturba Gandhi Marg,
New Delhi-110001
Dear Sir/Madam,

Ref: Master Policy No. _____

We hereby direct, authorize & empower Life Insurance Corporation of India to pay Annuity on our behalf to Shri/Smt. _____, the pension Amount as per the option elected by hime/her as above after deduction of Income Tax and other Taxes and duties as given below :-

- Please deduct Income Tax @ %(Add: Ed Cess & ST at appropriate rates from commutation amount of Rs……and for the pension installments from ……..to ……(falling up to the end of the current financial year)
- Please deduct Income Tax @ %(Add: Ed Cess & ST at appropriate rates from every annuity installment due from the next financial year unless otherwise intimated by the annuitant.
- Permanent Account Number (PAN) of the annuitant : …….

Particulars	Total Amount	Income Tax	Education Cess & Service Tax	Net Payable Amount
Commutation Amount				
Total Pension Installments (falling up to the end of current financial year)				

We like wise direct, authorize and empower you to pay on our behalf and as our agent to the under mentioned beneficiaries of the deceased members the pension payments shown against their names in the list below after deduction of Income Tax and other taxes and duties, particulars of which have also been given in the list.

Master policy NO.	Name of Beneficiary	Due date of Pension	Amount of Pension	Income Tax deduction if any	Net Amount Payable

We hereby admit and acknowledge that the above mentioned payment which shall be made by you shall be in full settlement of payments due to us and we hereby declare that receipts signed by the payee shall be sufficient, valid and legal discharge to you for the respective payments made to them and shall be fully binding on us as if the payments had been made to us and the receipts signed by us.

N.B. 1) If no Tax is to be deducted against any of the above, please write "NIL"

2) Please specify the tax to be deducted against each head of account separately.

For and on behalf of,
BSNL Employees Superannuation Pension Fund Trust

Trustee **Trustee**

Checked and verified by

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)

Form No. C

Pension Claim Form to be completed by the Annuitant and checked and attested by the Officer forwarding the Pension Case to the BSNL Employees Superannuation Pension Fund Trust

I Shri/Smt……..opt for payment of pension for……..Years certain and life therafter/only Life/ Return of Corpus, with/without commutation.

I request you to credit the commutation amount and future installments of Pension by NEFT, directly to my SB A/c as per details given below :-

Name of Beneficiary :

Name of the Bank :

Name of the Branch :

Bank's Address & Telephone No. :

IFSC Code (For NEFT Payment) :
(In case NEFT /IFSC code is not printed on your cheque, kindly obtain it from your bankers.

Bank' Account type (SB/ Current) :

Bank Account Number :
(As appearing on the cheque book)

(Please attach a blank cancelled pre printed Cheque or Xerox copy of the same or bank passbook front page copy for verification)

Permanent Account number(PAN) :

AADHAR Number

My Residential Address for Communication :

…….. Landline Phone with STD Code : ……..

…… Mobile NO. : ……..

……. E-Mail : ……..

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold LIC or Trust responsible. I agree to discharge the responsibility expected of me as a participant under the scheme. I understand that LIC OF INDIA also reserves the right to send the annuity payable to me by a physical cheque on account of any unforeseen circumstances beyond the control of LIC of INDIA, that may affect payment of annuity through NEFT.

Signature of Member/Beneficiary

Enclosures : (i) Copy of PAN Card of Member/Beneficiary Attested by Officer forwarding the Pension case)
(ii) Copy of AADHAR of Member/Beneficiary Attested by Officer forwarding the Pension case)
(iii) Cancelled pre printed Cheque/Copy of bank Passbook front page (Attested by Officer forwarding the case)

Checked and verified by

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)

533703/2021/ESTT-BSNL CO

Form No. D

LIFE INSURANCE CORPORATION OF INDIA
P & GS DEPTT, JEEVAN PRAKASH, 25 K G MARG, NEW DELHI 110001;
PH NO (011)23350678, 23314970, 23354984, TOLL FREE 1800118899

DISCHARGE RECEIPT (To be completed by the Annuitant)

I Shri/Smt……Received from the Life Insurance Corporation of India, the sum of ₹_____ (Rupees_____ _____ only)

in full satisfaction and discharge of my under mentioned claims and demands under the Master Policy No. : **103004833**

Commuted Value **Rs……**

Mly/Qly/Hly/Yly Pension Installment due (…….to ……) **Rs……..**

Total **Rs……..**

This Advance receipt will be applicable, subject to actual realization/receipt of Funds in my Bank Account.

Witness:

Signature : ……..

Rs.1/- Revenue Stamp

Name : …….. **(Signature of the Annuitant across Revenue Stamp)**

Address : …….. **Name of the Annuitant :**

Date :

Place :

Checked and attested by

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)

533703/2021/ESTT-BSNL CO

Form No. E

LIFE INSURANCE CORPORATION OF INDIA

P & GS DEPTT, JEEVAN PRAKASH, 25 K G MARG, NEW DELHI 110001;
PH NO (011)23350678, 23314970, 23354984, TOLL FREE 1800118899

(Applicable in Death cases only)

DISCHARGE RECEIPT(To be completed by the Trustees)

Received a sum of ₹_____ (Rupees_____
_____ only)

from LIC of India being the amount of commuted value of……..% of pension in respect of Mr/Ms……LIC ID…….. under Master Policy No. **103004833**

Date :

Place :

Rs.1/- Revenue Stamp

Witness :

SIGNATURE_____

NAME _____

ADDRESS _____
_____
_____

Checked and attested by

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)

Form No. F

(To be completed by the Annuitant and Countersigned by the Trustees)
NOMINATION

I, _____ a member of _____ SUPERANNUATION SCHEME hereby appoint nominees in terms of the Nomination Rules governing the Fund to receive the Pension in the event of my death during the guaranteed period as per the rules of the Fund or to receive the Capital refund under Return of Capital Scheme in the event of my death as given below :

Name &Address of the Nominee	Relationship	Date of Birth	Percentage of Share
1.			
2.			
Alternate Nominees			
1.			
2.			

If the nominee is minor, furnish the details of Appointee:

Name & Address of the Appointee	Relationship	Date of Birth	Signature of the appointee

If Joint Life Pension is opted, furnish the following details:

Name and address of the Spouse Relationship	**Date of Birth**

I further agree and declare that upon such PENSION payment or RETURN OF CAPITAL amount, the Corporation will be discharged of all liability in this respect under the Master Policy No _____

Place :
Date :

Signature of Member / Beneficiary

Checked and verified by

Name Signature and Mobile No. with Office Seal
(Officer Forwarding the Pension case to the Trust)