	OPTION FORM
	GOVERNMENT OF PUNJAB
GOVT. PUNJAB	PUNJAB GOVERNMENT EMPLOYEE'S & PENSIONERS HEALTH INSURANCE SCHEME
Instruction	(1) Please fill the Form in Capital letters using Blue/Black Ball Point Pen Only. (2) All Fields are to be filled mandatorily.
	Applicable to the following catagories (Please tick I applicable catagory)
	Current Status (a) Serving (b) Retired
	 (1) All India Service Officers (2) Judges of Punjab & Haryana High Court/ Other Judicial Officers
I hereby certify that I belong to the above mentioned ticked category and opt for availing "Punjab Government Employee's & Pensioners Health Insurance Scheme" (PGEPHIS).	
	Signature:
Dated	Name:
	Name of the Office:
	Place of present posting:
	Mobile No
GPF 🔽 P	RAN V PPO V No. (if any)
	Date of Entry into Service D D M M Y Y Y Y
	Date of Retirement D M Y Y Y
Dated	
Place	
* To be o	e and aut if not annlinghle
	cored out, if not applicable.
Note :	
i) Option once exercised shall be considered as final.	
ii) This o PGEP	ption can be exercised only by those, who fall under optional category for getting enrolled under PHIS.