

**DECLARATION**

*(As per G.O.MS.No.210 Dated: 15.11.2014)*

*From:*

*(For Applicants)*

*I.....*

*.....  
(Name, Treasury ID, Designation and Office) hereby exercise my option to be covered under Employees Health Scheme and authorize deduction of Rs..... (in words .....  
.....) as my contribution towards Employees Health Scheme (EHS) from the salary/pension of November, 2014 payable in December,2014 onwards at the rates prescribed in G.O.Ms.No.174, HM & FW (M2) Department, dated 01.11.2013 read with G.O.Ms.No.134, HM & FW (I.1) Department, dated 29.10.2014 and subsequent orders that may be issued from time to time revising the premium.*

**OR**

*(For Beneficiary)*

*I.....*

*.....  
(Name, , Treasury ID, Designation and Office) hereby declare that my spouse is a Government employee/pensioner and he/she is contributing for Employees Health Scheme (EHS) and a copy of undertaking given is enclosed.*

*Spouse Name: .....*

*Treasury ID: ..... Health Card Number: .....*

*Designation: .....*

*Name of the Office: .....*

*\*(Strike whoever is not applicable)*

*yours faithfully*