

Option Form

From,

(Name and address of Employee)

To,

The Principal/Headmaster,

_____ (school name),

Dist. _____ (Raj).

Subject: Declaration for opting Raj Medclaim Policy/ Rajasthan Govt Health Scheme Fund-RGHSF from the salary for the month of July-2021.

**Ref: Finance(Insurance) Dept. order No. F.5(5)FD/Insurance/2020 Part-II
Dated: 07July2021**

Respected Sir/Madam,

I _____ (Name of employee) hereby declare that I want to opt for

Rajasthan Government Health Scheme Fund- RGHSF as per reference letter.

Please consider this declaration and deduct RGHS from the salary for the month of July, 2021 payable on 1st August, 2021 as per rules.

Date:-

Yours sincerely,

_____ (Name of employee)

_____ (Employee ID)

_____ (Basic Pay & Pay Matrix Level)

_____ Rs. (RGHS Subscription Amount per month)

(Signature)