Annexure A

M/s. Siemens Limited

Birla Aurora, Level 21, Plot No. 1080, Dr. Annie Besant Road, Worli, Mumbai – 400030.

Joint Option Form for Current and Ex-Employees

То

The Regional Provident Fund Commissioner – Bandra 2, RO – Dadar, Bhavishya Nidhi Bhavan, 341, Service Road, Bandra East, Mumbai Maharashtra, 400051.

Sub: EPFO Circular Dated 20th Feb 2023 – Exercise of Joint Option

Ref.: Establishment Code No. MH / BAN / 4520. Accounts Gr. - 30.

Dear Madam / Sir,

As per EPFO circular (Pension/2022/56259/16541) dated 20th Feb 23, we hereby submit the Joint Option Form as required under pre-amended paragraph 11(3) and amended paragraph 11(4)of the EPS'95 for claiming pension on actual salary, i.e. exceeding statutory wage limit notified from time to time decided by EPFO under the EPS'95 from 16/11/1995 or from the date of joining as Member of EPS as applicable.

M/s. Siemens Ltd. is an Exempted Establishment and thus, the aforesaid direction is applicable to its employees /exemployees as well.

In the absence of any specific format provided by EPFO for the purpose as also non-availability of the same in the EPFO website / Portal, my particulars for exercising the joint option are as under :

Sr.no.	Particulars of the Employee / Ex- employee	Details
1.	Name	
2.	Emp. ID & GID (if available)	
3.	EPS / Pension Account no.	
4.	Date of Birth	
5.	Date of Joining in Siemens Ltd.	
6.	Date of Retirement / Separation	
7.	EPS / Pension Start Date, in case Pension is already started from the EPFO Authority.	
8.	PPO no allotted by the EPFO, if any (Pension Payment Oder no.) in case Pension is started. Attached self- attested copy of the PPO.	
9.	Whether Provident Fund Account has already been settled from Siemens PF Trust. (For Separated employee)	
10	Aadhaar No.	
	(self-attested both side of AADHAR card copy additionally required – For Separated employee only)	

11	UAN no. (if allotted by Siemens Ltd.)	
12	Mobile No. / Land Line no. / Whats app no.	
13	Personal eMail ID. (for separated employees only)	
14	Complete Residential Address (permanent & present, if separate) (For separated employees only)	

I certify that the above particulars are correct and I shall be solely responsible for any incorrect information provided by me and I am liable to bear if any consequences arises based on the above declared details / facts.

Signature of the Applicant / EPS active member / EPS Ex-member

Declaration by EPS-95 member

It is certified that I have been contributing towards Provident Fund (PF) on my actual wages and an equal amount used to be contributed into my PF account by the employer as provided under Para 26(6) of EPF Scheme 1952. It is further certified that an amount at 8.33% of the statutory ceiling amount i.e. Rs. 15,000 (earlier Rs. 5,000/- from 16/11/1995 to 31/05/2001 and Rs. 6,500/- from 1/06/2001 to 31/08/2014) out of the employer's contribution has been remitted every month towards Employees' Pension Scheme 1995 since toth but the table of the statute of the table.

16th November 1995 or the date of joining whichever is later.

I do hereby exercise and convey my option for remitting 8.33% of my actual salary/ wages out of employer's contribution towards pension fund, after adjusting the amount already remitted on statutory wage ceiling from the date of joining the EPS'1995 till my attaining the age of 58 / retirement years.

Further, I declare that I retired on attaining the age of 58 years for the purpose of EPS 1995 after 1st September 2014 on______

(Tick_whichever is applicable)

As I have already withdrawn my entire PF amount from the "Siemens India Limited Indian Staff PF Trust", I am ready to pay the differential towards balance EPS Contribution along with the up to date interest thereon t as calculated / demanded by EPFO within the given timelines, from my own resources.

OR

As I am still maintaining my PF accumulations with the "Siemens India Limited Indian Staff P F" Trust, I hereby give consent for diverting the amount as demanded by EPFO, within the given timelines, from my existing account maintained in my PF Trust account. I also understand and agree that in case any amount falls short under Employer's contribution in my PF Trust account, I will pay such differential from my own resources within the prescribed timelines to the concerned authority.

Accordingly, I will be eligible to draw pension on the basis of average of last sixty months' salary as pensionable salary i.e. based on my actual salary on which pension contributions are made, as against that determined on the statutory wage ceiling.

I also undertake that if any other formalities is required in this regard, as advised by EPFO, I am ready to do the same, accordingly.

I shall also be ready to bear any financial liability arising out of the option availed for Higher Pension on actual salary / Wages.

Date: _

Signature of the Applicant / EPS active member / EPS Ex-member

(Name and Designation) being the authorized signatory of M/s. Siemens Limited do hereby certify that Mr/ Mrs. who is the holder of EPS Number / UAN / PPO No. _____was / is an employee of this establishment with Employee ID _____PF a/c. no. _____. During his/her service, we as the employer have contributed the employer's share of Provident Fund contribution on his actual wage, as per the terms of Paragraph 26(6) of the Employees' Provident Funds Scheme.

Siemens Ltd has no objection if an amount of @8.33% on his / her actual salary / higher wages is diverted / deposited from his / her Provident Fund towards his / her Pension Fund from the date of commencement of the Scheme i.e. 16/11/1995 OR from the date of his / her salary exceeded the statutory limit OR from the date of joining the scheme, whichever is later, along with the Interest up to the date of payment to till date OR up to date of Retirement / Separation.

I certify that the particulars furnished are correct as per the records and information / declaration made by the employee.

Siemens Limited (Authorized Signatory)

Stamp / Seal of Siemens Ltd.

Signed jointly on this day 2023 for availing pension on actual wages.

(Signature of EPS – 95 member / applicant)

Name of the Member

Stamp / Seal of M/s. Siemens Ltd.

(Authorized Signature of M/s. Siemens Ltd .)

Disclaimer

All concerned please note that this joint option form is being issued for the purpose of timely implementation of Hon'ble Supreme Court's Order dated 4th November 2022, only to adhere to the time limit of 4 months directed in the Order. Since EPFO is yet to enable link for certain category of employees to file an on-line application and issue any format for joint option for certain category of employees, the present joint option form is subject to any clarification(s) / guideline(s) / circular(s) that may be issued by EPFO from time to time, including resubmission of joint option as directed by EPFO.

The joint option submitted by eligible employee / former employee does not confer any right to receive higher pension nor does it create any liability / obligation of any kind for Siemens Ltd as Employer in case the format is not accepted / entertained by EPFO. Also, the Joint Option submission by eligible employees / ex-employees do not confer any right to receive or obligation upon Siemens Ltd. to pay higher pension to them.

Annexure B

SIEMENS LIMITED

Birla Aurora, Level 21, Plot No. 1080, Dr. Annie Besant Road, Worli, Mumbai - 400030.

To be filled by the employee/ ex-employee who joined Siemens Ltd from any other organization in which they were member of EPS' 95 :

(Separate Sheet should be filled for every previous organization in which employee was member of EPS'95)

S.No.	Particulars	Details
1.	Name of the Employee	
2.	Previous Establishment Name	
3.	Previous Establishment Address	
4.	Previous Establishment PF Code	
5.	PF Account is held by: (Name of EPF Office / PF Trust)	
6.	Date of Joining EPS' 95 - Previous Establishment	
7.	Date of Exit EPS' 95 - Previous Establishment	
8.	EPS number of Previous	
9.	UAN of Previous Establishment	

Supporting PF Slip indicating EPS number and UAN should be attached duly self-attested.

The above particulars are correct, and I am liable to bear if any consequence arises based on the above declared facts.

Place:-

Date:-

Signature the Employee :

Name :

Employee ID. :

DISCLAIMER

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Signature of the Authorized Signatory of Siemens Ltd.:Name of the Authorized Signatory:Company Stamp / Seal: