

LIFE CERTIFICATE CUM DECLARATION OF DEPENDENTS
(To Be Submitted by the Post Retirement Medical Scheme (PRMS) member of REC)
(to be submitted from 1st, April'2026 onwards along with Copy of Aadhaar Number)

This is to certify that the undersigned and dependent (s) (*strike off whichever is not applicable*) as listed under is/are alive, as on _____:

Dependent List:

S.No.	Name	Relationship	Gender	DoB	Aadhar Number
1		Self	Male/Female		
2		Spouse	Male/Female		
3		Father	Male		
4		Mother	Female		
5		Child-1	Male only when not earning and age below 25 years)		
			Female only when not earning, age below 30 years and not married		
6		Child-2	Male only when not earning and age below 25 years)		
			Female only when not earning, age below 30 years and not married		

I certify that the above list of dependents is true and I also undertake to intimate office immediately if there is any change in the dependency status of above family members.

I also understand that if any claim submitted under REC Rules is found to be forged, altered or manipulated with intent to defraud the corporation, I along with my dependents shall be liable to be debarred from medical benefits under the scheme for the rest of my life.

I, hereby voluntarily provide copy of Aadhaar cards and give explicit consent to REC to use it for the above purpose.

(Signature of Ex Employee/Dependent)

Name of retired employee:

Designation:

Emp. No.:

Medical Card No.:

RO Name for claim purpose:

PAN Card No.:

Residential Address:

Email Id:

Mobile No.:

Date: