

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)