



कर्मचारी भविष्य निधि संगठन  
EMPLOYEES' PROVIDENT FUND ORGANISATION  
Ministry of Labour & Employment, Government of India  
मुख्य कार्यालय/Head Office

भविष्य निधि भवन, 14, भीकाजी कामा प्लेस नई दिल्ली 110066-  
Bhavishya Nidhi Bhawan, 14, Bhikaji Cama Place, New Delhi -110066  
Website: [www.epfindia.gov.in](http://www.epfindia.gov.in), [www.epfindia.nic.in](http://www.epfindia.nic.in)

No.Pension-I/7(1)/96/2017/Forms

Date: 03 MAR 2017

To

32614  
All ACCs (Zonal Office)  
All Regional P.F. Commissioner(In-Charge of Regions)  
All office-In-Charge of SROs/SAOs.

**Sub: Introduction of Pension claim Form (Aadhaar)- regarding.**

Sir,

Vide Head Office letter No. Pension -I/7(1)96/Forms/7429 dated 23.06.2016 instructions on simplified UAN based pension claim form Number 10-D-UAN was circulated. The said UAN based Form 10-D was introduced in respect of all employees whose Aadhaar Number and Bank details have been seeded and have been duly verified by the employer using digital signature and the details in Form No.11 have been completed.

2. Meanwhile the Central Government issued Gazette Notification No. S.O. 26(E) dated 04.01.2017 vide which it was notified that members and pensioners of the Employees' Pension Scheme desirous of continuing to avail pension and membership to the Employees' pension Scheme by availing the Central Government's contribution and subsidy under the said Scheme, are required to furnish proof of the possession of the Aadhaar number or undergo Aadhaar authentication for better and hassle free identification through Aadhaar.

3. Accordingly, the simplified UAN based pension claim Form 10-D has been revised as Pension claim Form (Aadhaar) (copy enclosed)

4. All the RPFCs/OICs of ROs/SROs are hereby requested to accept Pension claim Form(Aadhaar) with immediate effect subject to the following conditions:-

- The AADHAAR Number and the Bank A/c number of the employee are seeded as and digitally verified by the employer.
- All the details of the employee are available in Form No.11(New).
- A cancelled cheque containing the name of the employee, Bank a/c number and IFS code is attached with the Claim Form.

5. All employees applying for pension may, after satisfying above conditions, submit Pension Claim Form (Aadhaar) directly to the respective jurisdictional Employees' Provident Fund Office. The attestation of employers on such Pension Claim Form (Aadhaar) is not required.

You are requested to implement the changes with immediate effect and bring it to the notice of all concerned.

[This issues with the approval of the Central Provident Fund Commissioner].

Encl: As above.

Yours faithfully,



(S.K. THAKUR)

Addl. Central P.F. Commissioner-I(Pension)

Copy to:-

ACC (HQ) (IS) - for information and necessary actions with request for making provision in the software for entries of details as per the Form 10D UAN with Aadhaar at the earliest.



EMPLOYEES' PROVIDENT FUND ORGANIZATION  
Pension Claim Form (Aadhaar)  
(Form 10 D)

(To be used only by Employees/members where complete details in Form 11(New), Aadhaar Number, Nomination details and Pension Bank Account are available in UAN Portal and UAN has been activated)

Mobile Number:

1. Universal Account Number :

2. Aadhaar Number :

3. Full Name (in capital letters) :

4. Full Postal Address :

5. Date of superannuation (58 years)/Exit

  

(DD/MM/YEAR)

6. Option for Drawing Pension

<input type="checkbox"/>	Superannuation (on attaining 58 years)
<input type="checkbox"/>	Short Service/Reduced pension (before 58 years)

Date of commencement of Pension for Short Service Pension

<input type="text"/>	Date of claim
<input type="text"/>	Date attained 50 years
<input type="text"/>	From the Date : <input type="text"/> <input type="text"/> <input type="text"/>

7. Please sanction release of pension to my pension bank account mentioned below. This account has been seeded in the UAN Portal

Name of Bank	Branch	Bank Postal Address	Account Number	IFSC code

8. I certify that I have filed my nomination form with Aadhaar details of all family members online through member portal. It is also certified that I have verified the data seeded in UAN Portal and found all data including Form 11(new), pension bank account details and Aadhaar number of myself and my family members and found them to be correct.

9. I am enclosing self attested copies of the following documents (in duplicate)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Passport size photograph of self and spouse(in duplicate)                        |
| <input type="checkbox"/> | Copies of Aadhaar Card for each member of family (in duplicate)                  |
| <input type="checkbox"/> | Copy of first page of Bank passbook having details of pension bank account       |
| <input type="checkbox"/> | One cancelled cheque containing member's name, bank account number and IFSC code |

Date:

(Signature of Member)

Place:



कर्मचारी भविष्य निधि संगठन  
Employees' Provident Fund Organisation

(श्रम एवं रोजगार मंत्रालय, भारत सरकार)  
(Ministry of Labour & Employment, Govt. Of India)  
मुख्य कार्यालय / Head Office

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No. Manual/Amendment/2011/Pt /163

Date: 03 MAR 2017

ORDER

[In the matter of Introduction of a Composite Claim Form in Death Cases to replace existing claim Form-20, 10-D and 5-IF]

Employees' Provident Fund Organisation has embarked upon its next phase of e-governance reforms with a view to make its services available to all its stakeholders in a more efficient and transparent manner.

2. The Central Provident Fund Commissioner vide order No. Manual/Amendments/2011/ Pt/31792 dated 20.02.2017 has introduced Composite Claim Form (Aadhar) and Composite Claim Form (Non-Aadhar) by replacing the erstwhile Forms No. 19, 10C & 31 to simplify the submission of claim form by the subscribers.

3. Pursuant to the provisions of paragraph 72(5)(c) of the Employees' Provident Funds Scheme, 1952, paragraph 38 of Employees' Pension Scheme, 1995 and paragraph 24(1) of the Employees' Deposit-Linked Insurance Scheme, 1976, Central Provident Fund Commissioner hereby prescribes Composite Claim Form in Death cases by replacing existing Forms No. 20, 5-IF and 10-D. In case of death of a member, the claimant may apply for claim of provident fund, insurance fund and monthly pension in this single form.

(Dr. V.P. Joy)  
Central Provident Fund Commissioner

Mobile No

**EMPLOYEES' PROVIDENT FUND ORGANISATION**  
**Composite Claim Form in Death Cases**  
**[Form-20 (PF Payment)/Form-10-D (Pension), Form - 5 IF (EDLI)]**

1	Tick whichever is/are applicable	(i) Provident Fund ( )	(ii) Pension ( ) Type of Pension claim:	(iii) Insurance [EDLI] ( )						
2	Name of the deceased member (in CAPITAL letters)									
3	(a) Father's Name :	a)								
	(b) Spouse's Name :	b)								
4	Marital status of deceased member									
5	a) Aadhar Number of the deceased member (if available)									
	b) Universal Account Number (UAN)									
	c) PF Account Number (in case UAN not available)									
6	Date of Leaving service									
7	Period of Non-Contributory service (Year/Month/Days)									
8	Date of death of the member									
9	Whether the member had died while in service(Yes / No)									
<b>CLAIMANT'S DETAILS FOR PROVIDENT FUND, PENSION AND INSURANCE (EDLI)</b>										
Particulars of the claimant/minor/nominee(s)/legal heir(s)/surviving family member on whose behalf the claim is submitted										
10	S. N.	Name	Father's / Spouse's Name	Aadhar Number	Gender	Date of Birth	Marital Status	Relationship with		
								Member	Guardian	
	i									
	ii									
	iii									
	iv									
	v									
11	Bank Account details for payment of PF & EDLI: (Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)				Saving Bank Account No.					
					Name & address of the Bank					
					IFS Code					
<b>BANK ACCOUNT DETAILS FOR PENSION</b>										
12	Bank Account details for payment: (Please attach a copy of cancelled cheque/attested copy of first page of bank Pass Book)				Saving Bank Account No.					
					Name & address of the Bank					
					IFS Code					
13	Full Postal address of claimant									
					Pin.....					

Certified that the particulars are true to the best of my knowledge.

Claimant's signature  
Name:.....

Employer's Signature  
Designation & Seal of Employer

Enclosures:

- i) Death Certificate
- ii) Joint photograph of all the claimants
- iii) Date of Birth certificate of children claiming pension
- iv) Scheme Certificate (if applicable)