

DELETE DEPENDENT FORM

This form must be filled and submitted for deletion of dependents from Su-Swastha Yojna

EMPLOYEE SELF-DECLARATION FOR DELETION OF DEPENDENT FAMILY MEMBERS

I, (name)..... hereby declare that I wish to delete the beneficiary dependent/s from my enrolled list of beneficiaries as follows. I understand that I shall not be able to avail benefits of SU-Swastha Yojna for the deleted beneficiaries once the deletion is executed.

(All or any of the maximum of 5 beneficiaries can be deleted)

Name*	Relationship with Employee*	Tick box against dependent to be deleted	Reason for deletion
1 <input type="text" value="First Name/Middle Name/Last Name"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
2 <input type="text" value="First Name/Middle Name/Last Name"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
3 <input type="text" value="First Name/Middle Name/Last Name"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
4 <input type="text" value="First Name/Middle Name/Last Name"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
5 <input type="text" value="First Name/Middle Name/Last Name"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

I hereby undertake that I will duly notify the nodal officer/employer regarding the deletion of dependent from my membership in Su-Swastha Yojna.

Date

Place

Signature of Employee

Name

Received for further action By Authorized Person

Signature

Name

Designation