CIVIL SERVICE FAMILY PROTECTION SCHEME BOARD

OPTION FORM

For Public Officers and Employees in post as at 30 June 2008

To be completed in two copies

I …………………………………………………………………………………………………………………………………………………

(BLOCK LETTERS)

holding the post of ……………………………………………………………………………………………………………………………

in the Ministry/Department of ………………………………………………………………………………………………………

have taken cognizance of the recommendation of the Pay Research Bureau Report 2008 on the review of pay and conditions of service in the public sector (Vol I and II).

2. Public officers and employees in post as at 30 June 2008 may, while in service, opt to cease to contribute to the Civil Service Family Protection Scheme on reaching 60 years of age. However, in that case, surviving spouse and children pension will be computed on the salary drawn at the time the member ceases to contribute to the scheme.

In respect of public officers and employees in post as at 30 June 2008, the basic unreduced pension would continue to be computed at the rate of one six hundredth of the annual salary of a contributor at the date of death or at the date he/she ceases to be a public officer for each completed month of his contributory service (not exceeding 400 months).

3. (i) I hereby opt to cease to contribute at the age of 60. The annual rate of surviving spouse’s pension will be computed as follows:

\[
\frac{1}{3} \times \frac{\text{Number of Months of Contribution (max 400)}}{600} \times \text{Last annual salary as at the member ceases to contribute}
\]

(ii) I hereby opt not to cease to contribute at the age of 60. Contributions will therefore continue to be at the rate of 2%. The annual rate of surviving spouse’s pension will be computed as follows:

\[
\frac{1}{3} \times \frac{\text{Number of Months of Contribution (max 400)}}{600} \times \text{Last annual salary as at the member ceases to contribute}
\]

4 I understand that this option is irrevocable

5 Marital Status : ………………………………

6 Residential Address : ………………………………………………………………………………………………………

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ID No. .................................................................

Date: ........................................... Signature …………………………………………………………………………………...

Delete 3(i) or (ii) as appropriate