

## JOINING MASTER SHEET

Onboarding Checklist- Standard				
	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Employee Name</b>	Mahesh		Vijay Patil	
<b>Employee ID</b>				
	<b>MM-DD-YYYY</b>		<b>MM-DD-YYYY</b>	
<b>Birth Date</b>	6/30/1998	<b>Date of Joining</b>	9/10/2020	
<b>Sl. No.</b>	<b>Documents</b>		<b>Applicability(Tick)</b>	<b>Furnished(Tick)</b>
1	Offer letter			
2	Service Agreement (If Applicable)			
3	PAN card photocopy			
4	Address proof - Photocopy of any one of the below document * AADHAAR card * Passport * Others			
5	Degree marks sheets / Passing certificates			
6	Post Graduate marks sheets & certificates			
7	Relieving letter / Experience letters			
8	Passport size photographs (2 nos )			
9	Joining Master sheet along with a) Insurance nomination form b) Nomination form (Full and Final settlement) c) PF Form- 2 d) PF Declaration Form - 11 e) Form 'F' nomination f) ESI Scheme Declaration Form g) ISMS Compliance undertaking form h) Pre Employment Medical Fitment i) Acknowledgement - Code of Business Ethics j) Acknowledgment - Anti-Corruption Policy k) Acknowledgement - Equal Opportunity Form l) Blue Book			
10	Undertaking:			
	<b>Document Name</b>	<b>Submit by Date</b>		
	i)			
	ii)			
	iii)			
<p><u>I hereby declare that:</u></p> <ul style="list-style-type: none"> <li>- Copies of the above documents have been submitted for the purpose of documentation and all originals have been taken back post verification</li> <li>- I will submit the above pending documents on or before the above mentioned date</li> </ul>				
<p>x</p> <p><b>Candidate Signature</b></p>		<p><b>Date</b> 9/10/2020</p>		
<b>For HR use only</b>				
<p><b>Name</b></p>		<p><b>Signature</b></p>		<p><b>Date</b> 9/10/2020</p>

## JOINING MASTER SHEET

Personal Details			
Full Name ( as given in your passport with initials expanded)			
<b>First</b>	<b>Middle</b>	<b>Last Name</b>	
Maresh		Vijay Patil	
<b>Designation as per offer letter</b>	<b>Band as per Offer letter</b>	<b>Date of Joining</b>	<b>Place of Posting</b>
Analyst	A4	9/10/2020	Bangalore
Marital status: <u>Single</u>		Mobile: <u>9326217765</u> Landline: <u>9930421966</u>	
Marriage Date: _____		Emergency: _____	
Gender: <u>Male</u>		Personal Email ID: <u>patilm006@gmail.com</u>	
Date of birth (MM/DD/YYYY): <u>6/30/1998</u>		Passport No. <u>123456789</u> Issue Date: <u>6/15/2016</u>	
Place of birth: <u>Nashik</u>		Expiry Date: <u>6/15/2026</u> Passport issued City: <u>Pune</u>	
Birth Country: <u>India</u>		Pan No.: <u>DGAPP0186B</u>	
Nationality: <u>Indian</u>		AADHAAR No.: <u>247968162831</u>	
		"AADHAAR number (for PF/ESI/Statutory purpose only)"	
		Disability/Medical Condition(Yes/No): <u>No</u>	
		(Please refer equal opportunity form)	
		Nature of Disability: _____	

Family Details					
Particulars	Father	Mother	Spouse	Child 1	Child 2
Full Name	Vijay Patil	Kokila Patil			
Gender	Male	Female			
Date of Birth	6/2/1966	6/2/1970			

Languages Known			
Language	Read	Write	Speak
English	Intermediate	Intermediate	Intermediate

## JOINING MASTER SHEET

Address details		
	Complete Address	Emergency contact details
Permanent Address	Mumbai	Name: Vijay Patil Relationship: Contact Number:
Same as Current Address	Yes	
Current Address	X-100/2, Godrej Station Colony, Phirojshah Nagar Vikhroli(east), Mumbai-400079 Mumbai 400079 Maharashtra India	Name: Vijay Patil Relationship: Father Contact Number:
Secondary Emergency Address		Name: Priyanka Patil Relationship: Sister Contact Number:

### Educational Qualifications

Highest Qualification Bachelor's Degree	
College Name & Address	Sinhgad Institute of Technology
University Name & Address	University of Pune, Pune
Program: Bachelor of Engg./ Technology	Period: (MM/DD/YYYY) Start Date: <u>8/8/2016</u> Date of Passing: <u>7/31/2020</u>
Type of degree: <u>Full Time</u> Specialization: <u>Computers/IT</u>	Percentage/Rank/Grade/Class: <u>6.81</u> Roll/Seat Number: <u>71715971L</u>

Other Qualification 1 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/Seat Number: _____

## JOINING MASTER SHEET

Other Qualification 2 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

Other Qualification 3 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

## JOINING MASTER SHEET

### Employment Details

Sl.No	Employer Name	Employer Location	Start and End date (MM/DD/YYYY)	Designation	Employment Type (Full/Part Time)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## Nomination Details

Personal Accident Insurance (Personal Accident + Life Cover + Medical Insurance)					
	1	2	3	4	5
Nominee Name	Vijay Patil	Kokila Patil			
Relationship	Father	Mother			
Address	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79			
City					
Date of Birth	6/2/1966	6/2/1970			
Age (in years)					
Amount of share of accumulation %	50	50			

Provident Fund/Family Pension & Life Assurance					
	1	2	3	4	5
Nominee Name	Vijay Patil	Kokila Patil			
Relationship	Father	Mother			
Address	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79			
City					
Date of Birth	6/2/1966	6/2/1970			
Age (in years)					
Amount of share of accumulation %	50	50			

Gratuity					
	1	2	3	4	5
Nominee Name	Vijay Patil	Kokila Patil			
Relationship	Father	Mother			
Address	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79			
City					
Date of Birth	6/2/1966	6/2/1970			
Age (in years)					
Amount of share of accumulation %	50	50			

Employee State Insurance Corporation (ESIC)					
	1	2	3	4	5
Nominee Name	Vijay Patil				
Relationship	Father				
Address	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79				
City					
Date of Birth	6/2/1966				
Age (in years)					
Amount of share of accumulation %	100				

Salary/Full & Final settlement /Other dues					
	1	2	3	4	5
Nominee Name	Vijay Patil	Kokila Patil			
Relationship	Father	Mother			
Address	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79			
City					
Date of Birth	6/2/1966	6/2/1970			
Age (in years)					
Amount of share of accumulation %	50	50			

# To be mandatorily filled if the monthly gross salary is less than INR 21,000.

## AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

### The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.



## INSURANCE NOMINATION FORM

(To be filled in by employee)

I, Mahesh Vijay Patil E.Code

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

Policy Name	Name Of Nominee's	Relationship	Address Of Nominee	% of distribution
Mediclaime / Personal Accident / LifeCover	Vijay Patil	Father	X-100/2,Godrej Station	50
	Kokila Patil	Mother	X-100/2,Godrej Station Colony, Vikhroli,	50

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon the Company w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

**Full Name and Location of Witnesses**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Signature of Witnesses**

1. \_\_\_\_\_

2. \_\_\_\_\_

Date: 9/10/2020

Place: Bangalore

x  
Signature of employee





**NOMINATION FORM**  
(To be filled by employee)

I, **Mahesh Vijay Patil**

Address **X-100/2,Godrej Vikhroli(east), Mumbai (EMP Code)**  
**Maharashtra 400079 India**

Nominate the following person/s, to whom in the event of my death the amount towards my Salary/Full and Final settlement/Other dues accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable:-

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee	Vijay Patil	Kokila Patil	
Relationship	Father	Mother	
Address of Nominee	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79	X-100/2,Godrej Station Colony, Vikhroli, Mumbai-79	
% of distribution	50	50	

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

**Full Name and Location of Witnesses**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Signature of Witnesses**

1. \_\_\_\_\_

2. \_\_\_\_\_

Date: 9/10/2020

Place: Bangalore

x  
Signature of employee

Emp Code:

FORM.2 (REVISED)  
NOMINATION AND DECLARATION FORM  
FOR UNEXEMPTED I EXEMPTED ESTABLISHMENTS

**Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme**  
(Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

1. Name (in block Letters) : Mahesh Vijay Patil

2. Father's /Husband's Name : Vijay Patil

3. Date of Birth : 6/30/1998

4. Sex : Male

5. Marital Status : Single

6. PF Account No. :

7. Pension Account No. :

8. Residential Address : X-100/2,Godrej Vikhroli(east), Mumbai  
Maharashtra 400079 India

**PART - A (EPF)**

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death:

Name of the Nominee/s	Address	Nominee's relationship with member	Age of Nominee (S)	Total amount of share of accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
Vijay Patil	X-100/2,Godrej	Father		50	
Kokila Patil	X-100/2,Godrej	Mother		50	

\*Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme,1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

\*Certified that my father / mother is /are dependent upon me.

\*Strike out whichever is not applicable.

X

\_\_\_\_\_  
Signature/or Thumb impression of the subscriber

## PART-B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

Sr. No	Name and address of the family members	Date of Birth	Relationship with the member
1	Vijay Patil X-100/2, Godrej Station Colony, Vikhroli, Mumbai-79	6/2/1966	Father
2			
3			

\*\*Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly pension (admissible under para 16 2(a) (i) and (ii) of Employee's Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension:

Sr. No	Name and Address of the Nominee	Date of Birth	Relationship with the member
1	Vijay Patil X-100/2, Godrej Station Colony, Vikhroli, Mumbai-79	6/2/1966	Father
2			
3			

Date: 9/10/2020

\*Strike out whichever is not applicable

\_\_\_\_\_  
Signature/ or Thumb impression of the Subscriber

### CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/ thumb impressed before me by shri/smt./kum. Employed in my establishment after he/she has read the entries/ the entries have been read over to him/her be me and got confirmed by him/her.

For Capgemini Technology Services India Ltd

Date:

Place:

Authorized Signatory  
Capgemini Technology Services India Limited  
Plant.2, Block A, Godrej IT Park,  
Godrej & Boyce compound, LBS Marg,  
Vikhroli (West), Mumbai-400079

#### **Note:**

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME: PART- A (EPF)

If married: Spouse, Children (Married/Unmarried), his/her dependent parents, deceased son's widow and children if unmarried: Mother, Father, Brother Sister or any other person(s).

(B) UNDER THE FAMILY PENSION SCHEME : PART - B (EPS)(Para18)

If married: Spouse, Children (include children adopted legally before death in service.) if unmarried : Mother, Father

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under in case of:

#### **(I) Married**

- (a) Wife in the case of male member;
- (b) husband in the case of female member; and
- (c) Sons and daughter upto age of 25 years

Explanation: The expression "Sons" and "Daughters" shall include children adopted legally before death in service.

#### **(I) Unmarried**

- (a) Mother
- (b) Father

\*\*\*Further please note a fresh nomination shall be made by the member on his/ her marriage and any nomination made before such marriage shall be deemed to be invalid.



**Composite Declaration Form -11**  
(To be retained by the employer for future reference)  
**EMPLOYEES' PROVIDENT FUND ORGANISATION**  
**Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &**  
**Employees' Pension Scheme, 1995 (Paragraph 24)**

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member	Mahesh Vijay Patil						
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>	Vijay Patil						
3	Date of Birth: (MM/DD/YYYY)	6/30/1998						
4	Gender: (Male/Female/Transgender)	Male						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Single						
6	(a) Email ID: (b) Mobile No.:	patilm006@gmail.com 9326217765						
7	<b>Present employment details:</b> Date of joining in the current establishment (MM/DD/YYYY)	9/10/2020						
8	<b>KYC Details: (attach self attested copies of following KYCs)</b>							
	a) Bank Account No. :							
	b) IFS Code of the branch:							
	c) AADHAR Number	247968162831						
	d) Permanent Account Number (PAN), if available	DGAPP0186B						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No						
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No						
11	<b>Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted</b>							
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (MM/DD/YYYY)	Date of exit (MM/DD/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
12	<b>Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts</b>							
	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
13	<b>a) International Worker:</b>				Yes / No			
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.							
	d) Validity of passport [(MM/DD/YYYY to (MM/DD/YYYY)]							

## UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the P.F Account as I am an Aadhar verified employee in my previous PF account.\*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 9/10/2020

Place: Bangalore

Signature of Member

## DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs \_\_\_\_\_ has joined on \_\_\_\_\_ and has been allotted PF no. \_\_\_\_\_ and UAN \_\_\_\_\_
- B. In case the person was earlier not a member of EPS scheme, 1952 and EPS, 1995:
- Please Tick the Appropriate Option:
    - ☐ The KYC details of the above member in the UAN database Have not been uploaded
    - ☐ Have been uploaded but not approved
    - ☐ Have been uploaded and approved with DSC/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- Please tick the appropriate option:
    - ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature
    - ☐ Certificate and transfer request has been generated on portal.
    - ☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of  
Establishment

\* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form 13) for transfer of account from the previous establishment.

## FORM F

See Sub-rule (1) of Rule 6

### Nomination

To,  
Capgemini Technology Services India Limited  
Plant.2, Block A, Godrej IT Park,  
Godrej & Boyce compound, LBS Marg,  
Vikhroli (West), Mumbai-400079

I, Shri/ Shrimati/Kumari **Mahesh Vijay Patil**

Whose recently are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity.

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act,1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- My father /mother/parents is/are not depend on me.
  - My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the \_\_\_\_\_ to the controlling authority in terms of the provision to clause (h) of
- Nomination made here in invalidates my previous nomination.

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
Vijay Patil X-100/2,Godrej Station	Father		50
Kokila Patil X-100/2,Godrej Station	Mother		50

### Statement

1 Full name of the employee : **Mahesh Vijay Patil**

2 Sex : **Male**

3 Religion :

4 Whether unmarried/married/widow/widower : **Single**

5 Department/Branch/Section where employed :

6 Post held with Ticket No. or Serial No., if any :

7 Date of appointment : **9/10/2020**

8 Permanent Address : **X-100/2,Godrej Maharashtra Vikhroli(east), Mumbai 400079 India**

Village: Thana: Sub-division:

Post Office : District: State:

Place: **Bangalore** X

Date: **9/10/2020** Signature/Thumb-impressed of the Employee

### Declaration of Witnesses

Nomination signed/ Thumb-impressed before me

Full Name and Location of Witnesses

Signature of Witnesses

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

Place: Bangalore

Date: 9/10/2020

### Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.  
Employer's Reference No., If any

Signature of the employer/officer authorized  
Designation

Capgemini Technology Services India Limited  
Plant.2, Block A, Godrej IT Park,  
Godrej & Boyce compound, LBS Marg,  
Vikhroli (West), Mumbai-400079

Date: \_\_\_\_\_

### Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

X

Date: 9/10/2020

Signature of the Employee

Note- Strike out the words/paragraphs not applicable



### DECLARATION FORM\_FORM 1

Sr.No	Particulars	Fill up by Employee all points is necessary
A	Employee Details	
	* Whether Earlier Member of ESI Scheme (Yes/No)	
	* If Yes, your earlier ESI Number	
	Employee ID	
1	Employee's Full Name	Mahesh Vijay Patil
2	Father's Name	Vijay Patil
3	Spouse's Name	
4	Gender	Male
5	Date of Birth	6/30/1998
6	Date of Joining	9/10/2020
7	Marital Status	Single
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	X-100/2,Godrej Station Colony,Phirojshah Nagar
	Area	Vikhroli(east), Mumbai-400079
	City	Mumbai
	District	
	State	Maharashtra
	Pin Code	400079
12	Temporary Address	X-100/2,Godrej Station Colony,Phirojshah Nagar
	Area	Vikhroli(east), Mumbai-400079
	City	Mumbai
	District	
	State	Maharashtra
	Pin Code	400079
13	STD Code & Telephone Number	9930421966
14	Mobile/Cell Number	9326217765
15	Email ID	patilm006@gmail.com
16	PAN Number	DGAPP0186B
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	247968162831



B) EMPLOYEE'S FAMILY DETAILS							
Sr. No.	Name of Family Member	Relationship	DOB	Whether residing with him/her	If No, state place of residence	Whether AADHAAR available?	If Yes, AADHAAR No.
1	Vijay Patil	Father	6/2/1966				
2							
3							
4							
5							

  

C) Details of Nominee u/s 71 of ESI Act 1948/Rule -56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.		
Name	Relationship	Address

  

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

  

**Signature by Employer**

x

**Signature of Insured Person/Employee**

# To be mandatorily filled if the monthly gross salary is less than INR 21,000.

## AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

### The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.