



पेंशन एवम् समूह बीमा योजना विभाग
PENSION & GROUP SCHEMES DEPARTMENT

Claim Form for Employer-Employee Group Insurance Scheme

To be completed by the master policyholder of the Group Insurance scheme

1. Name of the scheme -----
2. Master Policy No. -----
3. Full Address of the Master Policy holder -----

4. Full Name of the deceased Member ----- LIC id -----
5. Employee No -----
6. Date of appointment ----- Date of Birth -----
7. Date of entry into scheme -----
8. Category ----- Salary -----
9. Date of death of the Member ----- Time of Death -----
10. Cause of death ----- Place of death -----
11. Amount of Sum assured : -----
12. Was the Member in the service of the employer on the date of death ? YES/NO.
13. Last premium paid on ----- For Due ----- Mode of payment M/Q/H/Y
14. Date when the member last attended duty -----
15. Was the member absent from duty on grounds of ill health on date of entry in the scheme?
YES/NO.

16. Please give below the record of absence from duty by the member during last three years prior to death.

Period		Nature of Leave	Reason as stated in Application Form	Date of resumption of duty after leave
From	To			

We hereby declare that the answers to all the above questions are true in every respect and the above employee was a member of the group insurance scheme and was in our service on the date of death.

Place : -----

Date : -----

Signature of Master Policy Holder
with official seal

Discharge Receipt

Master Policy No: _____

Received a sum of Rs _____ (Rupees _____) from The Life Insurance Corporation Of India in full and final settlement of the claim and demand in r/o above mentioned claim. Further we agree and declare that upon such a payment the Corporation will be discharged of our entire claim in respect of the above insured member.

Place : -----

Affix Re 1
revenue
stamp

Date : -----

Signature of Master Policy Holder
with official seal

Witness: Sign-----

Name of witness:-----

Address-----