



**पेंशन एवम् समूह बीमा योजना विभाग**  
**PENSION & GROUP SCHEMES DEPARTMENT**

**Claim form under Group Insurance Scheme in lieu of EDLI Scheme**

1. i) Name of the Scheme \_\_\_\_\_
- ii) Master Policy No (E.D.L.I.) GI/ \_\_\_\_\_
- iii) Full Name and Address of the Master Policy Holder \_\_\_\_\_
2. i) Full Name of the Deceased Member \_\_\_\_\_
- ii) Date of Birth \_\_\_\_\_
- iii) Date of Joining Service \_\_\_\_\_
- iv) Date of Joining P.F. \_\_\_\_\_
- v) P.F Account No \_\_\_\_\_
- vi) Date of Entry in the Scheme \_\_\_\_\_
- vii) Date of Death of Member  
(Enclosed death certificate) \_\_\_\_\_
- viii) Cause of Death \_\_\_\_\_ ix) Time of Death \_\_\_\_\_
3. i) Name and Address of the nominee/  
heir to whom the claim amount is payable \_\_\_\_\_
- ii) Relationship with deceased member \_\_\_\_\_
- iii) If the nominee is a minor, state name  
And address of Guardian \_\_\_\_\_

iv) **BENEFICIARY'S DETAILS\*** (all details are Compulsory to credit the claim proceeds)

(i) S.B. A/C NO. OF BENEFICIARY \*: ( 9 to 16 Characters )

Example : **110000315209 (or) COR456700002254**

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(ii) NAME OF THE BANK \* : .....

(iii) BRANCH NAME \* : .....

(iv) **IFSC** No. of the Bank-Branch \* ( 11 characters ) :

Example : **S Y N B 0 0 0 6 2 0 6**

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(Please attach Photocopy of cover page of Pass Book of the above account)

*Note: Please Specify the shares of the nominees / heirs if there are more than one nominee / heir to whom the claim is to be paid and particulars of separate Bank A/C Nos. )*

v) Type of the KYC document submitted for identity proof :- (any of the below)

- Aadhar card
- Electoral Photo Identity Card (EPIC)
- Driving License
- PAN card
- Passport

KYC ID Number (eg-Pan number/Aadhar number ) .....

vi) Type of the KYC document submitted for address proof :- (any of below)

- Aadhar card
- Driving License
- Passport

KYC ID Number (eg-Aadhar number ) .....

We hereby declare that the answers to all the questions are true in every respect and that the above employee was a member of the Group Insurance Scheme.

We hereby request the Corporation to credit the claim amount to the Claimant's above mentioned Savings Bank A/C by NEFT mode.

Place :

**SIGNATURE OF THE MASTER POLICY HOLDER  
WITH COMPANY SEAL)**

Date :

**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
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Date: -----

Signature of Master Policy  
Holder with official seal

Witness: Sign-----

Name of witness:-----

Address-----

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