



**Life Insurance Corporation of India**  
**Pension & Group Schemes Department**  
**Address of the P&GS Unit:**  
**Phone No :**  
**Email id :**

**CLAIM FORM FOR PAYMENT OF GRATUITY**

<b>Master Policy No.:</b>	
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We would like to submit our Claim for payment of Gratuity in respect of the following member:

1	<b>Name of the Scheme</b>	
2	<b>Address</b>	
3	<b>Member's Name</b>	
4	<b>LIC ID No</b>	
5	<b>Date of Birth</b>	
6	<b>Date of Appointment</b>	
7	<b>Date of normal retirement</b>	
8	<b>Date of Exit</b>	
9	<b>a) Nature of Exit (Resignation/Retirement/Death)</b>	
	<b>b) In case of Death</b> <b>Cause of Death</b> <b>Place of Death</b> <b>Time of Death</b> <b>(Original Death Certificate / Attested Death Extract to be enclosed)</b>	
	<b>c) Date last attended duties prior to death:</b>	
	<b>d) Was the Member in the Service of the Employer on the date of Death</b>	
	<b>e) Please give the record of absence from Duty / Leave on SICK GROUNDS by the member during the Last One Year prior to Death</b>	
	<b>f) Life cover sum assured as appeared in the C &amp; B schedule of &lt;ARD&gt;</b>	

10	Salary (Basic + DA) as on the date of exit	
11	Break in Service (if any)	1. From / / to / /
12	Number of years of service qualifying for Gratuity	
13	Gratuity Payable as per rules	

We hereby declare that the answers of all the above questions are true in every respect.

Place :

Date :

Signature of the Authorised Signatory  
Seal:

**FORM OF DISCHARGE FOR PAYMENT OF BENEFITS IN ONE LUMP SUM UNDER  
MASTER POLICY NO : \_\_\_\_\_**

We, the Trustees of \_\_\_\_\_

Acknowledge receipt from the Life Insurance Corporation of India of the sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) In full satisfaction and discharge of all our claims and demands under the Master Policy under reference towards surrender (Withdrawal Benefits ) / Death / Maturity Claims in respect of the assurance effected on the life / lives of the following member/s:

LIC ID	Name	Employee Number	Date of Exit	Mode of Exit (Death/ Maturity/ Resignation)	Claim amount Rs.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**Witness**

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

Please Affix  
a Re.1/-  
Revenue  
Stamp

**Signature of the Trustees  
(With Seal)**