

Life Insurance Corporationof India Pension & Group Schemes

Address of the P&GSUnit Phone nos: Email id:

GSLI CLAIM FORM

(To be completed by the Master Policyholder)

We would like to submit our claim for the benefits under the Group Savings Linked Insurance Scheme policy, in respect of the following employee, who exited the service of our organisation, as detailed below:

1	Name of the Institution	:		
2	Master Policy Number	:		
3	Name of the Insured Member	:		
4	LICID:	:	5.Employee No.	
6	Date of Birth	:		
7	Date of Joining service	:		
8	Date of Joining the Scheme	:		
9	Date last attended duties	:		
10	Category and amount change since joining the scheme	:	Year	Category
11	Last drawn salary/last category	:		
12	Due Date for payment of the First Contribution(DD/MM/YYYY)	:		
13	Date of Exit from the Scheme.	:		
14	Mode of Exit(Death, Retirement, Resignation, Termination etc.,)	:		
15	In case of death, Cause of Death (please enclose Original Death Certificate)	:		
16	Due Date for payment of the last	:		

Office Seal

contribution(DD/MM/YYYY)

Signature of the Master Policyholder.

17	Last Monthly contribution recovered from the Insured Member	:
18	The Date on which the last contribution was paid to the Corporation.	:
19	Was the employee in the service of the employer on the date of death	:
20	Whether any contributions remain unpaid during Membership. (If so, give details)	:
	· ·	rue and correct and the above Member has been an
		e on the date of his exit and that all premiums have
	n paid to the Corporation on his behalf	
Date	ed atthis _	day of20.
Wi	<u>:ness</u>	
Sig	nature :	
Nai	ne :	
Add	dress :	
		Signature of the Master Policyholder Office Seal
In C	ase death is due to Accident and the no	ry is covered under DAB, please furnish the following

- Copy of First Information Report
- Copy of Post Mortem Report
- Copy of Police Inquest Report– all these duly attested by MPH.