

The Rajasthan Shops and Commercial Establishment Employees Life Insurance Scheme, 1987

RAJASTHAN

India

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Rule

THE-RAJASTHAN-SHOPS-AND-COMMERCIAL-ESTABLISHMENT-EMPLOYEES-LIFE-INSURANCE-SCHEME-1987

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The Rajasthan Shops and Commercial Establishment Employees Life Insurance Scheme, 1987 Published vide Notification No. F. 1(2)(30) Shram 81/2, dated 1-1-1987, published in Rajasthan Gazette Extraordinary, Part 4-C, dated 1-1-1987, page 147(22)G.S.R. 49. - In exercise of the power conferred by sub-section (1) of Section 3 of the Rajasthan Shops and Commercial Establishments (Employees Life Insurance) Ordinance, 1986 (No. 31 of 1986), the Government of Rajasthan hereby makes the following scheme, namely:-

1. Short title, commencement and application.

(1) This Scheme may be called the Rajasthan Shops and Commercial Establishment Employees Life Insurance Scheme, 1987. (2) The Provisions of this Scheme shall come into force on the 1st day of January, 1987. (3) This scheme shall apply to the qualified employees of an establishment for providing the benefit of Life Insurance Scheme under Section 5 of the Ordinance.

2. Definitions.

(1) In this scheme, unless the context otherwise requires, (a) "Assurance benefit" means the sum assured which is payable to the nominee or the legal heirs of a qualified employee in the event of his death, in accordance with the provision of this scheme, (b) "Family" in relation to an employee, shall be deemed to consist of- (i) in the case of male employee, himself, his wife, his children whether married or unmarried, his dependent parents and the widow and children of his predeceased son, if any. (ii) in the case of a female employee, herself, her husband, her children whether married or

unmarried, her dependent parents and the dependent parents of her husband and the widow and children of her predeceased son, if any: Provided that if a female employee, by a notice in writing in the manner prescribed in form 'E' in the scheme, expresses her desire to exclude her husband from her family, the husband and her dependent parents shall not longer be deemed, for the purposes of this scheme, to be included in the family of such female employee unless the said notice is subsequently withdrawn in form F in this scheme. Explanation. - Where the personal law of an employee permits the adoption of a child, any child lawfully adopted by him shall be deemed to be included in his family and where a child of an employee has been adopted by another person and such adoption is, under the personal law of the person making such adoption, lawful, such child shall be deemed to be excluded from the family of the employee. (c) "From" means a form appended to this scheme; (d) "Nominee" means a person nominated in accordance with the provisions of this scheme to receive the benefit of this scheme; (e) "Ordinance" means the Rajasthan Shops and Commercial Establishments (Employees Life Insurance) Ordinance, 1986. (f) "Rules" means the Rajasthan Shops and Commercial Establishments (Employees Life Insurance) Rules, 1987. (2) All other words and expression used herein but not defined shall have the meaning respectively assigned to them under the Ordinance or the Rules.

3. Administration of the Scheme.

- The scheme shall be administered by the prescribed authority under the direct supervision and control of the State Government or the officer empowered by the State Government under section 7 of the Ordinance.

4. Plan of Assurance.

- An assurance shall be effected with the Life Insurance Corporation of India (established under the Life Insurance Corporation Act, 1956 and hereinafter referred to as Life Insurance Corporation) which will be the insurer under the scheme, on the life of each qualified employee under one year renewable group term assurance plan for a sum assured not less than rupees five thousand as shall be notified by the Government each year on the advice of the Life Insurance Corporation. The sum assured under the assurance shall be payable only in the event of death of a qualified employees before attaining the age of sixty years, while in the service of the establishment, or during the period upto the end of the calendar year if the employee leaves the service.

5. Contributions.

- The contribution payable by an employer under the scheme shall be at the rate of one rupee per qualified employee per month and the contribution payable by a qualified employees shall also be at the rate of one rupee per month.

6. Payment of Contribution.

(1) The employer's contribution as well as the employees contribution payable for a year shall be paid

by the employer in one instalment to the prescribed authority. The cost of remittance as well as the cost of collection in case of cheques or drafts shall be borne by the employer.(2)Every employer shall, at the time of making payment of the contribution under this scheme, submit to the prescribed authority a statement in duplicate in Form 'A'. The prescribed authority or any other person authorised by him not below the rank of Labour Inspector, who receives payment shall make a suitable endorsement in both the copies showing that the amount indicated therein has been duly received, and shall return the original to the employer who will keep the same under safe custody.(3)The prescribed authority shall arrange to transfer the amount of contributions received from the employers to the Life Insurance Corporation immediately and in any case not later than 31st March of each year. Simultaneously, the prescribed authority shall send consolidated statement of the contributions received from the employers to the Life Insurance Corporation in Form 'B' a copy thereof shall also be sent to the Labour Commissioner, Rajasthan, Jaipur.(4)The prescribed authority shall also furnish a statement of number of employees covered under the scheme and classified according to their age (for calendar year of birth) as on 1st January of each year in form 'C' to the Life Insurance Corporation. A copy thereof shall also be sent to the Labour Commissioner, Rajasthan. Jaipur.

7. Proof of Age.

- For the purpose of this scheme, the following documents shall be admissible as evidence of the age of an employee, namely:-(i)an authentic extract from the record of the school, or(ii)a certified copy from the Birth Register, or(iii)a declaration in writing by a qualified medical practitioner relating to an employee that he has personally examined him & believes him to be of the age set forth in such declaration.Explanation. - For the purpose of sub-para (iii) a qualified medical practitioner shall have the same meaning as defined in the Factories Act, 1948 (Central Act No. LXIII of 1948).

8. Nomination.

- Every employee who is qualified to be a member of the scheme on the date this scheme comes into force shall, within sixty days from the date of the coming into force of the scheme and, every employee who becomes qualified to be a member of the scheme after the coming into force of this scheme shall, within sixty days of his becoming so qualified, make a nomination in Form 'D' in duplicate and submit it to his employer or the officer authorised by the employer in this behalf:Provided that the nomination shall be accepted by the employer after the specified period, unless there are reasonable grounds not to do so, and nomination so accepted by the employer shall not be invalid merely because it was filed after the specified period,(2)Within thirty days after the receipt of a nomination under sub-para (i), the employer shall get the service particulars of the employee as mentioned in the form 'D' of nomination verified with reference to the records of the Establishment and cause necessary corrections to be made, if any. The employer shall then return to the employee, after obtaining a receipt thereof, one copy of the nomination duly attested either by the employer or by an officer authorised in this behalf by him, as a token of recording of the nomination by the employer.The nomination in original shall be recorded and kept in safe custody by the employer.(3)If an employee has a family at the time of making a nomination, the nomination shall be made in favour of one or more members of his family and any nomination made by such

employee in favour of a person who is not a member of his family, shall be void.(4)If at the time of making a nomination the employee has no family the nomination may be made in favour of any person or persons but if the employee subsequently acquired a family, such nomination shall forth with become invalid and the employee shall be entitled to make a fresh nomination in Form 'D' and submit it to the employer in duplicate and thereafter the provisions of sub-para (2) shall apply mutatis mutandis as if it was made under sub-para (1).(5)If a nominee predeceases the employee, the interest of the nominee shall revert to the employee who shall make a fresh nomination.(6)A nomination may, subject to the provisions contained in sub-paras (3) and (4), be modified by an employee, at any time. The notice of the fresh nomination under sub-para (5) and the notice of modification of nomination under this sub-para shall be submitted in duplicate by the employee to his employer in Form 'D' and thereafter the provisions of sub-para (2) shall apply mutatis mutandis as if it was made under sub-para (1).(7)A nomination or a fresh nomination or a notice of modification of nomination shall be signed by the employee or, if illiterate, shall bear his thumb impression, in the presence of two witnesses, who shall sign a declaration to the effect that a nomination or fresh nomination, or notice of modification, as the case may be, has been thumb impressed in their presence.(8)A nomination or fresh nomination or notice of modification of nomination shall take effect from the date of receipt thereof by the employer.(9)An employee may, in his nomination distribute the assurance benefit payable under the scheme amongst more than one nominee. The assurance benefit shall be paid in accordance with the said distribution and in case no such distribution is made by the employee, the assurance benefit shall be paid in equal shares among all the nominees.(10)The notice under the proviso to para 2(b)(ii) shall be in Form 'D' and shall be submitted in duplicate by the employee to the employer, who shall, after recording its receipt on one copy thereof, return the said copy to the employee. The original shall be recorded and kept in the safe custody by the employer.(11)An employee may withdraw the notice referred to in para (10) by giving another notice in duplicate in Form 'F' to the employer who shall follow the same procedure as in para (10).

9. Payment of Assurance Benefit.

(1)The assurance benefit payable under the scheme shall be paid to the nominee, and in case where there is no nomination or the nomination has not been validly made, to the legal heirs of the deceased employee.(2)A nominee or any other person entitled to receive the benefit under sub-para (1) shall apply, ordinarily within sixty days from the date of the benefit becomes payable, to the employer in Form 'G' enclosing certificate of Death of the employee concerned from the Municipality of Local Authority or a certified copy of the extract from the Death Register. The claimant shall also be required to have a Savings Bank Account in any Nationalised/Scheduled Bank:Provided that an application for payment of assurance benefit filed after the expiry of sixty days from the date benefit becomes payable shall also be entertained by the employer, unless there are sufficient grounds not to do so which shall be recorded and no claim for assurance benefit under the scheme shall be invalid merely because the claimant failed to present his application within the specified period. Any dispute in this regard shall be referred to the Labour Commissioner, Rajasthan, or to any officer specially authorised by him in this behalf and his decision shall be final.(3)Within seven days of the receipt of an application under sub-para (2), the employer shall intimate the prescribed authority about the receipt of the claim. An inspector of the Labour

Department shall immediately visit the Establishment and verify the particulars with reference to the registers and records and also the nomination from kept with the employer and Certify that the claim is admissible. The employer shall immediately thereafter send the claim in Form 'G' duly attested alongwith the certificate of proof of death and the original nomination form to the Life Insurance Corporation by registered post or by service in person. The Life Insurance Corporation shall, as soon as possible, thereafter arrange to settle the claim.(4)Payment of assurance benefit to be made under the scheme shall be made in the form of a deposit in a Savings Bank Account, in the nationalised/Scheduled Bank mentioned by the applicant in Form 'G'.Form 'A'[See para 6(2) of the scheme]Statement of Contribution

1. Name and address of the Establishment

2. Registration Number under the Rajasthan Shops and Commercial Establishment Act, 1958

3. Name and status of the Employer

4. Nature of Business

5. Number of qualified employees in the Establishment

6. Details of qualified employees

S. No.	Name and address of qualified employee	Sex	Date of birth	Date of joining and period of continuous service in the Establishment	Name and address of Nominee	Remarks
1	2	3	4	5	6	7

7. Amount of contribution for the year

8. Mode of payment of contribution (by cash/cheque)

Place :Date: Signature of Employer with seal

Received the amount of contribution Rs..... by cash/cheque No..... on..... Bank).

Place :Date: Signature of the OfficerDesignation (with seal)

Form 'B'[See para 6(3) of the scheme]Consolidated Statement of Contribution

1. Contribution received for the year

2. Number of Establishment

3. Number of qualified employees

4. Amount of Contribution

Place :Date: Signature of the prescribed authority (With seal)

Form 'C'[See para 6(4) of the scheme]Statement of Number of Qualified Employees

Age as on 1-1-19.... No. of qualified employees

18 to 30

(31)

(32)

(33)

(34)

(35)

(36)

(37)

(38)

(39)

(40)

(41)

(42)

(43)

(44)

(45)

(46)

(47)

(48)

(49)

(50)

(51)

(52)

(53)

(54)

(55)

(56)

(57)

(58)

(59)

(60)

Total :

Place:Date: Signature of prescribed authority(With seal)

Form 'D'(See para 8 of the scheme)NominationTo,The Manager/Proprietor.(Give here the name of the establishment with full address)

1. In case of nomination under para 8 (1) of the scheme. - Shri/ Smt./ Kumari..... (name in full here) whose particulars are given in the statement below hereby nominate the person (s) mentioned below to receive the assurance benefit after my death and direct that the amount be paid in proportion indicated against the name (s) of the nominee(s).

2. In case of fresh nomination under para 8 (4) of the scheme. - I, Shri/Smt./Kumari..... (name in full here) whose particulars are given in the statement below here acquired a family within the meaning of the para 2 (b) of the scheme with effect from (date here) in the manner indicated below and therefore, nominate person (s) mentioned below to receive the assurance benefit after my death and direct that the amount shall be paid in proportion indicated against the name(s) of the nominee(s).

3. I hereby certify that the person (s) nominated is/are member(s) of my family within the meaning of para 2 (b) of the scheme.

4. I hereby declare that I have no family within the meaning of para 2(b) of the scheme and therefore, nominee person(s) mentioned below to receive the assurance benefit after my death and direct that the amount shall be paid in proportion indicated against the name(s) of the nominee(s).

5. (a) My father/mother/parents is/are not dependent on me.

(b)My husband's father/mother/parents is/are not dependent on my husband.Nominee (s)S. No., Name in full with full address of the nominee, Relationship with the employee, Age of nominee, Proportion by which benefit will be shared

1.

2.

3.

4.

5.

6.

, , Manner of acquiring a family(Here give details as to how a family was acquired i.e. whether by marriage or parents being rendered dependent or through other process like adoption)

6. In case of modification of nomination under para 8(6) of the scheme. - I Shri/Smt./Kumari..... (name in full here) whose particulars are given in the statement below hereby give notice that the nomination filed by me on..... and recorded under your reference No. dated..... shall stand modified as under:-

(Here give details of modifications intended. If new Nominees are added information regarding full name with full address, relationship with the employee, age of the nominee and the proportion by which the benefit is to be shared shall be indicated).Statement

1. Name of the employee in full :
2. Sex :
3. Religion
4. Whether married/unmarried/widow/widower :
5. Department/Section where employed :
6. Status :
7. Date of birth :
8. Date of appointment :
9. Permanent address :

Signature/Thumb impression of employeePlace :Date :Declaration by witnessNomination signed/Thumb impressed before me.

Name in full and address of witness Signature of witness

1.

2.

Place :Date :Certificate by the employer Certified that the particulars of the above nomination have been verified and recorded in the establishment.

Date :

Signature of the employer. Name & full address of establishment of rubberstamp thereof.

Acknowledgment by the employee Received the duplicate-copy of the nomination in Form 'D' filed by me on..... duly attested by the employer.

Date : Signature of the employee/Thumb impression of the employee.

Note : Strike out the words/paragraph not applicable. Form 'E'[See para 8 (10) of the scheme](Notice for excluding husband from the family) To, The Manager/Proprietor, (Establishment with full address). Please take notice that I, Shrimati..... (Name in full) whose particulars are given in the statement below desire to exclude my husband Shri..... (Name in full here) from my family for the purpose of the Rajasthan Shops and Commercial Establishments (Employee's Life Insurance Scheme), 1987:-Statement

1. Name in full of the female employee :
2. Department/Section where employed :
3. Status :
4. Date of birth :
5. Date of appointment :
6. Permanent address :

Place : Date : Signature/Thumb impression of the employee

Declaration by witnesses The above notice was signed/thumb impressed before me.

Name in full and full address of witness Signature of witness

- 1.
- 2.

Place : Date : For use by employer Received the recorded in this establishment on.....

Signature of the employer or authorised officer with status.

Date : Name and full address of establishment or rubber stamp thereof.

Acknowledgment by employee Received the duplicate copy of the notice in Form 'E' attested by the employer on.....

Date : Signature/Thumb impression of the employee.

Form 'F'[See para 8(11) of the scheme] Notice withdrawal of notice for excluding husband from family To, The Manager/Proprietor, (Give here the name of the establishment with full address). Please take notice that, I, Shrimati..... (name in full here) whose particulars are given in the statement below, hereby withdraw the notice, dated..... whereby I exclude my husband Shri..... (Name in full here) from my family for the purpose of the Rajasthan Shops & Commercial Establishments Employee's Life Insurance Scheme, 1987. Statement

1. Name in full of the female employee :
2. Department/Section where employed :
3. Status :
4. Date of birth :
5. Date of appointment :
6. Permanent address :

Place :Date : Signature/Thumb impression of the employee

Declaration by witnessThe above notice of withdrawal was signed/thumb impressed before me.

Name in full and full address of witness Signature of witness

1.

2.

Place :Date :For use by employerReceived the recorded in this establishment on.....

Signature of the employer or authorised officer with status.

Name and full address of establishment or rubber stamp thereof.

Acknowledgment by employeeReceived the duplicate copy of the notice in Form 'F' attested by the employer on.....

Date : Signature/Thumb impression of employee.

Form 'G'[See para 9(2) of the scheme]Application for assurance BenefitTo,The

Manager/Proprietor,(Give here the name of theestablishment with full address).Sir,I beg to apply

for payment of assurance benefits to which I am entitled under para 9 (1) of the Rajasthan Shops

and Establishments Employee's Life Insurance Scheme, 1987 as a nominee/legal heir of the

late..... (Give full name of the employee), who was an employee of your establishment and died

on..... The assurance benefit is payable on account of the death of the aforesaid employee while in service before attaining the age of 60 years.

2. Necessary particulars relating to my claim are given in the statement below:-

Statement

1. Name of the applicant and full address :
2. Whether applying as a nominee or as legal heir :
3. Name in full of the employer :
4. Relationship of the applicant with the employee :
5. Date of death of employee and evidence/witness in supportthereof :
6. Base of claim and evidence/witness in support thereof :
7. Amount of benefit claimed :
8. Name and full address of the Bank in which claimant has opened a S.B. A/c and Account No. :

3. I declare that particulars mentioned above true and correct to the best of my knowledge and belief.

Place:Date: Yours faithfully,Signature/Thumb Impression of applicant

Declaration by WitnessApplication for assurance benefit signed/thumb impressed before me.

Name in full and full address of witness Signature of witness

1.

2.

Place :Date :Statement by employer

1. Name and address of employer :
2. Date of birth of deceased employee :
3. Date of appointment of deceased employee :
4. Date of last premium paid by employer :
5. Name and address of the nominee as per employer's record :
6. If nominee is minor, name and address of guardian :

Signature of employer/authorised officer with statusName and full address of establishment or rubber stamp thereof.

Certificate by InspectorCertified that the particulars in the above application are verified and found to be correct.

2. The claim is in order and is admissible.

3. The claim is not admissible because (give reasons).

Place:Date : Signature of Inspector with rubber stamp thereof

Forwarded to the LIC of India, GRS Branch, Jaipur (Rajasthan) for necessary action.Signature of Inspector.Note: Strike out the portion which is not applicable.