

**Employee – General Nomination Information Form - Verizon Data Services India Private Limited**

1	Employee Name:	
2	Employee ID:	
3	Address:	

**I hereby nominate the person(s) mentioned below to receive the amount under the below mentioned categories that may become payable to my nominees in the event of my death:**

**Nomination Benefits**

1	Group Term Life Insurance Policy
2	Group Personal Accident Policy
3	Salary

**Nominee's Details**

Sr. no	Name of the Nominee	Name of the Guardian incase Nominee is minor	Relationship with the Employee	% Share of benefit

---

**EMPLOYEE SIGNATURE:****Date: .....**