

Life Insurance Corporation of India

G&S DEPT. DIVISIONAL OFFICE, INDORE

CLAIMENTS/EMPLOYER'S STATEMENT

(To be completed by the Master Policyholder, i.e. by Trustees of the Scheme in case of Group Gratuity and Superannuation Schemes and by Employer in case of other Group Insurance Scheme).

	i)	Master Policy	Number:				
	ii)	Name of the	Scheme:				
	iii)	Date of comm	nencement of	Scheme:			
	iv)	Full name and Master Policy	d Address of t y holder :	he			
	V)		ent of premiur which the mer				
II.	i)	Full name of	the deceased	member:			
	ii)	Father's nam					
	iii)	Date of birth	of deceased m	nember:			
	iv)	Date of entry	into service :				
	v)	Membership	No. / P.F. Men	nbership No. :			
	iv)	Whether age				81	
III.	i)	Date of entry	into the scher	me by Member :		57	
	ii)		of Member:				
	iii)	Cause of dea	ath of Member				
	iv)	Place of deat	th of Member:				
	v)	Age at death	of Member:				
	vi)	Was the mer	mber on pay ro	oll on the date of deat			
	viii)	*Proof of dea	th of Member	: (Submitted in origina	al)		
IV.	(It sh	ould be submit	tted in case of ber of	groups below 200 liv Nature of leave		e last 3 years prior to death ?	
-	FIU	m To da	iys		application form		
				Name of D			
	of of de	eath means - C	Gram Panchay	vat / Municipal death o	certificate in original. case of leave on groun	its basemens as it was selected in	_IV
** Ple	of of de	eath means - Cate whether do	Gram Panchay	vat / Municipal death of the was submitted in		ds of sickness.	_IV *
** Ple	of of de ease st ereby	eath means - Cate whether do	Gram Panchay	vat / Municipal death of the was submitted in	case of leave on groun e true in every respect.	ds of sickness.	IV TO THE STATE OF
** Ple We h	of of de ease st ereby	eath means - Cate whether do	Gram Panchay	vat / Municipal death of the was submitted in	case of leave on groun e true in every respect.	ds of sickness.	IBV and
** Ple We h	of of dease steepy	eath means - Cate whether do	Gram Panchay	vat / Municipal death of the was submitted in	case of leave on groun e true in every respect.	ds of sickness.	IN I
** Ple We have Place Date	of of dease steepy	eath means - C ate whether do declare the an	Gram Panchay	vat / Municipal death of the was submitted in	case of leave on groun e true in every respect.	ds of sickness.	
** Ple We have Place Date	of of dease steepy	eath means - C ate whether do declare the an	Gram Panchay octor's certifica swers to all the	vat / Municipal death of the was submitted in	case of leave on groun e true in every respect.	ds of sickness.	
** Ple We he Place Date Witne	of of dease steepy	eath means - C ate whether do declare the an (S	Gram Panchay octor's certifica swers to all the	vat / Municipal death of the was submitted in	case of leave on groun e true in every respect.	ds of sickness.	

CLAIM PROCESSING SHEET (FOR LIC USE ONLY)

1.	Requirements for consideration of claim of late										
	i) Proof of death (in original) date of receipt (State nature of proof) Death Cortificate Provided to										
	No		_ dated		of	Municipality / Gram Panchaya					
	ii) Date of rec	eipt of dischar	rge voucher :	Ray OLINA	H / ETVIB	May 10					
II.	가는 사람들이 가장 하는 것이 되었다. 그런 사람들이 가장 사람들이 가장 사람들이 가장 가장 하는 것이 되었다. 그 사람들이 모르는 것이 되었다. 그 사람들이 모르는 것이 되었다. 그 사람들이 모르는 것이 되었다. 그 사람들이 되었다. 그 사람들이 되었다. 그 사람들이 되었다면 보다는 것이 되었다. 그 사람들이 되었다면 보다는 것이 되었다면 보다면 보다면 보다면 보다면 보다면 보다면 보다면 보다면 보다면 보										
	Type of Scheme Plan of Assuran OYRGTA / GGL	ce	Arr An	Amount of Sum Assured Annuity per annum		Whether Premium prior to death received					
- 111.	. Details of Group										
	(i)			(iii)							
			(ii)			(111)					
, IV.	S. S. S. C. M. C.	te of	simple tests of Sum Assured	of insurability : Insurability condition	Date of F. 6203 & 6204	Whether insurability condition satisfied on the basis of certification at the time of claim?					
	OYRGTA GGLAS GLI		Group abo			Yes / No					
V.	Amount for which	claim is admi	itted:	Pla	an	Amount					
	i) P.E. Perm				#).	mind and a					
	ii) Interest on P.E. Prem (for month)										
	iii) O.Y.R.G.T.A.										
		Total									
	Less deduction :										
	(i) Outstanding premiums+ (ii) Other										
	Net payable :										
VI. Details of cover under other group Schemes :											
	M. Pol No.	Plan	S.A.	Name of D.O.		Decision Regarding Claim					
VII.	Remarks and room	mama and all a									
72	Remarks and recommendations : May be admitted / May not be admitted.										
				H.G.A.							
VII	0										
	Adjustment Vouche	Opinion of the Officer-in-Charge Adjustment Voucher and schedule of costs and benefits verified. Claim may be admitted/may not be admitted/for full S.A.									
IX.	Decision by the				A.D.N	1. / A.A.O. / H.G.A. / (G&S)					
	Decision by the cor	npetent autho	ority:	Claim is admitted		(000)					
					IST TUIL S.A.						

D.M. / A.D.M. / A.A.O. / H.G.A. / (G&S)



(Name)

Life Insurance Corporation of India

MASTER POLICY No. **I**/We do hereby acknowledge receipt from the Life Insurance Corporation of India of the sum of Rupees in full satisfaction and discharge of all my/our claims and demands under the above Policy towards MATURITY CLAIM/DEATH CLAIM/SURRERDER VALUE in respect of Assurance effected on the following life livcs. M.S. No. Name of the Member Amount Dated at this day of_ (place) (Date) (Month) (Year) Rs. 1-00 Revenue Stamp (Seal & Signature in full) Signature by the above mentioned party or parties in presence of Witness ___