

## Appendix H

(Refers to Para 62 of AO 23/2002/AGI)

**CLAIM FOR DISABILITY COVER ALL RANKS INVALIDED OUT/  
DISCHARGED/RELEASED IN LOW MEDICAL CATEGORY WITH  
20 PER CENT AND ABOVE DISABILITY PRIOR TO COMPLETION  
OF CONTRACTUAL PERIOD OF SERVICE IN THE RANK HELD  
ARMY GROUP INSURANCE SCHEME**

### PART I

1. (a) Personal/Army No.....2. Rank & Name.....  
(in case of JCO both Army No and JC No will be indicated)
3. Trade.....4. Regt/Corps.....
5. Whether belongs to:-  
(a) TA.....  
(b) P&T Deputationists.....
6. Date of  
(a) Birth.....7\*(a) Date of discharge from.....  
(b) Commission.....previous regular Army  
(c) Enrolment.....Service  
(d) Promotion to JCO.....\*(b) Medical category at the.....  
(where applicable)time of discharge  
\*(c) Disability cover granted, if any.....
- (e) PMB/CMB.....  
(In the case of TB/Leprosy cases only) \*in case of re-employed personnel only
8. (a) Terms of Service(in case of  
JCOs/OR).....  
(b) Service extended upto and for.....
9. Period of LPR, if any From.....to.....
10. Date on which injuries sustained(In case of accident only).....
11. (a) Nature of disability .....
- (b) Percentage of composite assessment of disability.....
- (c) Recommended medical category(to be indicated for each 1. ....  
disease separately) on invalidment 2. ....  
3. ....  
4. ....
- (d) thorty.....

12. Full postal address after becoming non-effective:-

Vill.....PO.....Tehsil.....  
 Distt.....State.....Pin Code.....Tele No.....

13. (a) Name of bankers with full postal address

@.....

(b) Bank Account Number

@.....

(c) Bank Code

@.....

(d) Tele No

@ .....

@ Individuals to be advised that they should not close their accounts till AGIF cheque issued in settlement of their disability claim is credited to their accounts.

Place.....

(Signature of OC Regt/Unit/Trg

Centre/Hospital\*\*)

\* \*\*in case individual is sent home direct from hosp

Date .....

**Note :** 1. LMC personnel seeking discharge at own request NOT eligible for AGI Disability Benefits.

2. LMC personnel who are offered sheltered appointment and unwilling to continue in service NOT eligible for AGIDisability Benefits.

## **PART II**

(To be completed by AG's Branch (MP 5&6) in the case of Non-Medical Officers/MPRS(O) Med Dte in the case of Medical and Nursing Officers and Record Offices in the case of JCOs/OR)

14. No.....Rank.....Name.....

Regt/Corps.....has been invalided out/Released from service in low medical category and SOS with effect from..... He is eligible for grant of disability cover under AGIF Scheme.

15. It is also certified that:-

- (a) The particulars given in Paras 1 to 13 of Part I above , have been checked and found correct.
- (b) The individual is not proceeding on normal release/discharge/pension at his own request.
- (c) No such claim has so far been initiated in respect of him/her for disability benefits cover nor any such earlier payment made.
- (d) The individual is paid upto and for .....(AN) by the PAO(OR).....

16. The following documents are enclosed:-

- (a) An approved copy of Invaliding/Release Medical Board Proceedings (AFMSF-16).
- (b) Copy of letter under which particulars of service sent to TB/Leprosy Hospital on admission.
- (c) Details of LMC since onset of disability(where applicable).
- (d) Discharge Order. @
- (e) Willingness certificate duly countersigned by OIC Records/SRO. @  
 (@ in case of JCOs/OR released in LMC on *any factors of SHAPE 2 & 3 (P)* only)

Place.....

Date .....

Signature.....