

LIFE INSURANCE CORPORATION OF INDIA

CLAIM FORM

For claiming benefits payable under the Group Savings Linked Insurance Scheme

Master Policy Number GSLI / _____

(To be completed by the Grantees)

1.	Name of the Institution	IRCON INTERNATIONAL LTD.
2.	Master Policy No.	GSLI/ D.O.C
3.	Name of the Insured Member	_____ / Category_____
4.	Employee No. / Sl. No. in the list	
5.	Category / Salary Grade	
6.	Amount Of Insurance Cover	
7.	Date of Birth	
8.	Date of entry into the scheme	
9.	Amount of Monthly Contribution recovered from the Insured Member	
10.	If there has been a change in the monthly contribution during his membership indicate date of change and the revised contribution	
11.	Due date for payment of the first contribution <i>(indicate Day, Month & Year)</i>	
12.	Date of Exit from Scheme	
13.	Due date for payment of the last contribution <i>(indicate Day, Month & Year)</i>	
14.	The date on which the last contribution was paid to the corporation	
15.	Mode of exit <i>(Death / retirement / retrenchment / resignation / termination of service)</i>	
16.	Cause of Death <i>(in case of exit by Death)</i>	
17.	Was the member absent on grounds of ill-health on the date of entry into the scheme <i>(if so give details of leave)</i>	
18.	Name of the beneficiary and relationship to the member (in case of Death)	
19.	Nature of proof of death <i>(please enclose original Death certificate)</i>	
20.	Whether any premium remains unpaid during Membership (if so, give details)	

We declare that the above particulars are true and correct & above Member was an Insured Member covered under the scheme on the date of his exit and that all premiums have been paid to the corporation on his behalf.

We confirm that the beneficiary mentioned above is the person appointed by the Member to receive the benefit under the scheme.

Dated at _____ this _____ day of _____ 200_____.

Signature of Master Policy Holder

Witness

Signature : _____

Name : _____

Designation: _____

Address : _____

DISCHARGE RECEIPT

Received a sum of Rs _____ (Rupees _____ only) from the Life Insurance Corporation of India in full and final settlement of all our claims and demands in respect of Sri _____ Assurance No. _____ under Master Policy No. _____ who expired / left service / retired on _____

Dated at _____ this _____ day of _____ 200_____.

Witness

Signature : _____

Name : _____

Designation: _____

Address : _____

Affix Rs.1/-
Revenue
Stamp

Signature of authorized signatory

Name & Designation _____

(OFFICE STAMP)