

Agencies involved and procedure for filling up the various forms on account of death

I. ENCASHMENT OF LEAVE

HRM Corporate Office or the Project where the employee was last working would process the leave encashment case for settlement in the prescribed format – **Annexure-A**.

Final settlement orders will be issued by HRM / Corporate Office with Accounts / Corporate Office vetting.

2. GRATUITY

HRM Corporate Office or the Project where the employee was last working would process the gratuity case for settlement in the prescribed format - **Annexure-A**.

Final settlement orders will be issued by HRM / Corporate Office with Accounts / Corporate Office vetting.

3. GROUP SAVINGS LINKED INSURANCE (GSLI)

On receipt of information and death certificate from the Project (where the employee was last working) about the employee's death and death certificate, HRM / Corporate Office will submit the case to LIC in the prescribed claim format – **Annexure-B**.

On settlement, LIC would make the payment to IRCON Corporate Office.

HRM / Corporate Office would issue the sanction / disbursement orders.

Project office will pay the amount to the ex-employee and raise the debit on Corporate Office.

4. PROVIDENT FUND ACCOUNT

Form No. 20 (**Annexure-C**)

Formalities to be completed by the claimant –

The claimant should be the nominee as declared by the employee before death. In case the employee has not completed nomination before death, the legal heir certificate is to be submitted on a stamp paper duly attested by 1st class magistrate / Tehsildar. The legal heir should be in the hierarchy of spouse, children, parents.

- The claimant has to complete all the entries and put his / her signatures on page 2 marked as '**X**'
- The claimant has to make signatures at the place marked as '@' – (page 2), i.e. '**Advance Stamped Receipt**' after affixing one rupee revenue stamp leaving the amount column as blank.
- Project Head / Finance Head has to sign at the places marked as '\$' on pages 1 and 3.

The form is to be forwarded to IRCON PF Trust by the project of last place of working of the employee.

PF Trust would make the payment directly to the claimant by cheque at the address given in Form 20.

5. P.F. LINKED PENSION

Pension is payable concurrently to spouse and maximum two elder children. Form is to be completed by each claimant, separately. If children are of less than 18 years, then claimant would be the spouse.

- Each claimant has to complete form 10-D – **Annexure 'D'** , in triplicate (all originals) alongwith the following documents:
 - ❖ 3 copies of Joint photo of all the family members i.e. spouse and all the children. Children less than 18 years need not sign. On the reverse of the photograph, signature of all the members should be attested by the employer or Gazetted officer;
 - ❖ Two copies of Birth certificate of all the family members, duly attested (Birth certificate attested by Notary Public is not acceptable).
 - ❖ Claimant has to open a bank account in individual name. Bank accounts of all the claimants should be in the same bank. Bank particulars are to be given in form 10-D – **Annexure 'D'**.
 - ❖ The claimant has to sign at the place marked as 'X' on page 4.
 - ❖ Project Head / Manager and above of HRM / Accounts discipline has to sign at the place marked as "@" on page 5, after completing the information asked for.
- Form 3 PS **Annexure 'E'**, and 7 PS **Annexure 'F'** are to be completed and signed by HRM / Accounts / Project Head. Officer should be of the level of Manager and above.
- All the above forms duly completed are to be forwarded to IRCON PF Trust through the project where the employee was last working. IRCON PF Trust would forward the same to PF Commissioner for calculation of pension. PF Commissioner would send the pension directly to the claimant's bank account.

6. EMPLOYEES DEPOSIT LINKED INSURANCE SCHEME (EDLI)

Claimant has to submit information as required in column 2 and 3 of the prescribed format - **Annexure 'G'** to Project / Manager-HRM (where the employee was last posted).

The claimant would be the same person who is the nominee for recipient of provident fund.

The information submitted by the claimant is to be countersigned by the project where the employee was last posted and is to be forwarded to IRCON PF Trust.

The claim form known as **Grantees' Statement** would be signed and submitted by IRCON PF Trust directly to LIC being Master Policy Holder.

The payment would be made directly by LIC to the claimant at the address given in the format.

7. TRAVELLING AND TRANSPORTATION OF PERSONAL EFFECTS INCLUDING VEHICLE

Claimant has to submit the claim to the project of last place of working of the employee.

CTG (Composite Transfer Grant) is not payable.

Project Head would forward the case to Corporate office for sanction.

HRM-Corporate office would convey the approval of Competent Authority for payment to the Project where the employee was last working.

Claimed amount would be disbursed by the project where the employee was last posted.

8. BENEFITS FROM IRCON MEDICAL TRUST

- 8.1 On death of the employee, HRM Corporate office have to give information to IRCON Medical Trust in the format prescribed by Medical Trust – Annexure 'H'.
- 8.2 **Funeral Expenses** (Applicable to regular employees) – Payment is made by cheque in the name of nominee by IRCON Medical Trust through HRM / Corporate Office.
- 8.3 **Medical Expenses** – Medical expenses are to be claimed by the spouse directly from IRCON Medical Trust, Corporate Office.
- 8.4 **Financial Assistance** - On the information of HRM – Corporate office, it is decided by IRCON Medical Trust, Corporate Office and paid directly to the spouse / beneficiary.

9. BENEFITS FROM IRCON WELFARE SCHEME

- 9.1 **Funeral Expenses** (Applicable to contract / Ad hoc employees) – On receipt of information from HRM, amount would be paid by cheque to spouse / legal heir.
 - 9.2 **One time lump sum grant** – On receipt of information from HRM, amount would be paid by cheque to spouse / legal heir.
 - 9.3 **Educational Assistance** is claimed by the legal heir directly from IRCON.
-

ANNEXURE 'A'

SUB: Payment of Gratuity, Leave encashment and GSLI on death.
(To be filled by project / corporate office where the employee was last working)

1.	Employee code No.			
2.	Name of the employee			
3.	Designation at the time of death			
4.	Status at the time of death <i>(* Strikeout whichever is not applicable)</i>	* Regular / Adhoc / Contract		
5.	Date of Birth			
6.	Date of Appointment			
7.	Date of Death			
8.	Scale at the time of death			
9.	Particulars of last pay drawn			
	Basic Pay at the time of death		Basic Pay on last 1 st September	Rs.
	Dearness Pay	Rs.	Dearness Pay	Rs.
	Dearness Allowance	Rs.	Dearness Allowance	Rs.
	Total last pay drawn	Rs.	Total	Rs.
10.	Calculation of Gratuity			
10.1	Qualifying Service for the purpose of Gratuity as per Office records			
A. Actual service rendered <i>(Details given below)</i>				
		Year	Month	Day
Date of Death				
Minus Date of appointment / absorption in IRCON				
Service rendered				
Minus .. Periods of Break in service, if any				
		Yr	Mth	Days
	Total			
Net Qualifying service rendered				
		Round off _____ years (nearest years)		
B. Anticipated Service <i>(Details given below)</i>				
		Year	Month	Day
Date of Normal retirement				
Date of Death				
Anticipated Qualifying Service				
		Round off _____ years		
10.2	Gratuity payable –			
	i) For the services rendered - Formula <i>Total Last Pay drawn X Net Qualifying service(in full yrs) X 15</i> 26	$\frac{\quad \times \quad \times 15}{26}$	= Rs.	
	ii) For the anticipated service - Formula <i>Total emoluments on last 1st Sept. X Net Qualifying service(in full yrs) X 15</i> 26	$\frac{\quad \times \quad \times 15}{26}$	= Rs.	
Total			= Rs. _____	

11.	Calculation of Leave encashment		
11A.	LAP/EL- (Subject to maximum of 300 days)		
	i) Leave on full pay due	i) Encashable	_____ Days
		ii) Non-encashable	_____ Days
		Total	_____ Days
	ii) Amt. of Leave encashment payable - <i>Formula –</i> $\frac{\text{Total Last pay drawn} \times \text{no. of days of Leave} \times 12}{365}$	$\frac{X \times X \times 12}{365}$	= Rs. _____
11B.	Leave on half pay (Subject to maximum of 240 days on half pay)		
	i) Leave on half pay due		
	ii) Amt. of Leave encashment payable - <i>Formula –</i> $\frac{\text{Total Last pay drawn} \times \text{no. of days of Leave} \times 12}{365 \times 2}$	$\frac{X \times X \times 12}{365 \times 2}$	= Rs. _____
12.	GSLI	<ul style="list-style-type: none"> GSLI prescribed claim form , column nos. 1 to _____, duly completed attached. Col. Nos. _____ to _____ are to be filled in by HRM / Corp. Office. Claim is to be filed by HRM Corporate office. 	

Encl: Original vetted leave account

Signatures of HRM / Accounts Official: _____

Name : _____

Designation: _____

Project Incharge

FORWARDED TO HRM, CORPORATE OFFICE, NEW DELHI

The above information has been checked and is O.K. Sanction is sought for payment of Rs. _____ as gratuity and Rs. _____ as leave encashment. Submitted for approval, please.

Dealing official

Manager/HRM

DGM / HRM

GM / HRM

GM/F (HQ)

ED/F

DF

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	
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 (indicate Day, Month & Year)	
12.	Date of Exit from Scheme	
13.	Due date for payment of the last contribution (indicate Day, Month & Year)	
14.	The date on which the last contribution was paid to the corporation	
15.	Mode of exit (Death / retirement / retrenchment / resignation / termination of service)	
16.	Cause of Death (in case of exit by Death)	
17.	Was the member absent on grounds of ill-health on the date of entry into the scheme (if so give details of leave)	
18.	Name of the beneficiary and relationship to the member (in case of Death)	
19.	Nature of proof of death (please enclose original Death certificate)	
20.	Whether any premium remains unpaid during Membership (if so, give details)	

Contd.... p.2

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)

Employee's Provident Funds Scheme, 1952

- Form to be used
- 1 By the guardian of minor / lunatic member
- OR
- 2 By a nominee or legal heir of the deceased member.
- OR
- 3 By the guardian of the minor / lunatic nominee or heir, for claiming the Provident Fund accumulation of minor / deceased member.

(Note: Read the 'Instructions, carefully before completing this form)

PARTICULARS OF THE MEMBER

1	a)	Name of the member (in Block Letters)			
	b)	Father's Name or husband's name			
	c)	Name & address of the Factory / Establishment in which the member was last employed			
	d)	Account No.	DL		
	e)	Date of leaving service			
	f)	Reason for leaving service			
(IN CASE OF DECEASED MEMBER)					
	g)	Date of Death of Member on the day of death.			
	h)	Marital status of the member on the day of death.			
PARTICULARS OF THE CLAIMANT					
2. To be filled in by a Major Nominee / Legal Heir / member of the Family of the Deceased member					
	a)	Name of the claimant (in Block Letters)			
	b)	Father's / Husband's name			
	c)	Sex			
	d)	Age (as on the date of death of the member)			
	e)	Marital status (as on the date of death of the member - Whether unmarried, married, widow or widower)			
	f)	Relationship with the deceased member			
3 To be filled in by the Guardian / Manager of the Minor / Lunatic Member / Lunatic / Minor (Nominee(s) Legal Heir(s) of the Family Member(s) Deceased member)					
	a)	Name of the claimant (i.e. Guardian)			
	b)	Father's / Husband's name			
	c)	Relationship with the deceased member			



Assistant Account Officer / Account Officer

Date:

Contd.... p. 2

3A. PARTICULARS OF THE MINOR / LUNATIC NOMINEE(S) / LEGAL HEIR (S) / FAMILY MEMEBRS ON WHOSE BEHALF THE PROVIDENT FUND AMOUNT IS CLAIMED.

S. No	NAME	SEX	RELATIONSHIP WITH THE DECEASED MEMBER	RELATIONSHIP WITH THE GUARDIAN
1				
2				
3				
4				

Delete, if not applicable

4.	Claimant's full postal address (in Block Letters)	Shri / Smt S/o, W/o, H/o, D/o Pin
5	MODE OF REMITTANCE	Put a 'tick' in the Box against the one opted
	(a) by postal money order at my cost OR (b) by account payee cheque sent direct for credit to my S/B Account (Scheduled Bank / Post Office) under intimation to me (Advance stamped receipt furnished below)	() to the address given in item No. 4 () S / B Account No. _____ Bank _____ Branch _____ Full address of the bank _____ _____

CERTIFICATE:

To the best of my knowledge, no posthumous child will be born to deceased member.

I certify that the particulars given above are true to the best of my knowledge.

I certify that the minor(s) / lunatic Shri / Smt _____ Is living with me and is being supported and looked after by myself and the Provident Fund money claimed on behalf of minor(s) / lunatic will be spent in his / her best interests and benefits.

I certify that the minor member has not been employed in any Factory / Establishment to which the 'Act' applies for a continuous period of not less than 2 months immediately preceding the date of this application.



Encl: _____
Date: _____
claimant

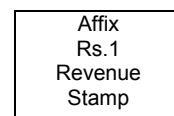
Signature or left / right hand Thumb impression of the

Delete, if not applicable

ADVANCE STAMPED RECEIPT

(To be furnished only in case of 5(b) above)

Received a sum of Rs.* _____ (Rupees _____) from Regional Provident Fund Commissioner / Officer-in-charge of Sub-Regional Office _____ by deposit in my saving bank account towards the settlement of Provident Fund account of Shri / Smt. _____



Signature or Left / Right hand Thumb impression of the claimant

* The space should be left blank which shall be filled in by Regional Provident Fund Commissioner / Officer-in-charge of sub Regional Office.

CERTIFICATE BY THE ATTESTING AUTHORITY

Contribution for the current period

Month			Contribution		Period of break, if any		Month			Contribution		Period of break, if any		
Employee			Employer		Total		Employee			Employer		Total		
Wages	EPF	FP	EPF	FP	EPF	FP	Wages	EPF	FP	EPF	FP	EPF	FP	

Certified that the above contributions have been included in the regular monthly remittances.

Certified that the facts stated above are correct.

Certified that the claimant Shri / Smt / Kumari _____ is known to me and has signed / thumb impressed before me.



Signature of the Employer or any Authorised Official Designation & Seal :

(FOR THE USE OF COMMISSIONER'S OFFICE)

Account settled in part / full. Entered in Form 21 A / 24 / 2 / 9 (Revised) & Withdrawal Register

Clerk

Head clerk

P.I. No. _____

M.O. / cheque

Account No. _____

Section: _____

Passed for payment of Rs. _____ (in words)

Under Rs.

M.O. Commission, if any _____

Net amount to be paid by M.O.

Asst. Accounts Officer/Accounts Officer
Date:

(FOR USE IN CASH SECTION)

Paid by inclusion in cheque No. _____ dated _____
vide Cash Book (Bank) Account No. 3 Debit item

No. _____

H.C.

AC / RC

REMARKS

<i>For office use only</i> Inward No.
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APPLICATION FOR MONTHLY PENSION

(EMPLOYEES' PENSION SCHEME, 1995)

FORM 10-D (EPS)

(Read **INSTRUCTIONS** before filling in this Forms)

1. By whom the Pension is Claimed?

2. Type of Pension claimed

3.	(a) Member's Name (in Block letters)			
	(b) Sex			
	(c) Marital Status			
	(d) Date of birth / Age			
	(e) Parent's / Spouse's Name			
4.	E.P.F. Account Number	RO	SRO	Estt. Code No.
		Member Account No.		
5.	Name & Address of the Establishment in which the member was last employed.			
6.	Date of leaving service			
7.	Reasons for leaving service			
8.	Address for communication	Sh./Smt./Km.		
		Pin _____		
A)	In case of Reduced Pension (Early Pension)			
	Date of option for commencement of pension	Date	Month	Year
	Member can exercise option in case of early Pension indicating the date of option for commencement of pension from:			
	▪ Date of exit from service (on completion of 50 years)			
	▪ Date of filling the Form 10D			
▪ Date of between the date of exit (on completion of 50 years) and date of completion of 58 years (Superannuation age)				
9.	Option for commutation of 1/3 rd of Quantum Pension (if option is for lesser commutation indicate the quantum)	Yes	No	Amount
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Contd.... P.2

10	Option of Return of Capital (Please refer Serial Number 10 of INSTRUCTIONS) {put a tick (√)}		Yes		No		
	If yes, indicate your choice of alternative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Mention your Nominee for Return of Capital						
	Name						
	Relationship						
	Date of birth						
	Address						
12	Particulars of Family						
	S.No.	Name	Date of birth / Age	Relationship With Member	Indicate against Minor		
					Guardian name	Relationship with member	
	(1)	(2)	(3)	(4)	(5)	(6)	
	i.						
	ii.						
	iii.						
v.							
Note: If any child is physically handicapped, please indicate "DISABLED" below the name.							
13	Date of death of Member (if applicable)						
14	Details of Savings Bank / Post Office Account opened						
	i.	Name of the Bank / Post Office address					
	ii.	Name of the Branch					
	iii.	Full Postal Address					
		Pin code					
Pensioners may at their discretion opt to draw pension either from the designated Post Office or from designated Bank.							
	S.No	Name of the claimant(s)		Savings Bank / Post Office Accounts No.			

14 A	If the claim is preferred by nominee, indicate his / her		
	(1) Name		
	(2) Relationship with the deceased member		
15	Details of Scheme Certificate (Already in possession of the Members, if any)		Scheme Certificate Received & enclosed <input type="checkbox"/> Not received <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	If received, indicate		
	S.No.	Scheme Certificate Control No.	Authority who issue the Scheme Certificate
	i.		
	ii.		
	iii.		
	iv.		
	v.		
16	If pension is being drawn under EPS 1995		Yes / No
		Payment Pension Order (PPO) No. Issued by	RO
			SRO
17	Documents enclosed (indicate as per the instructions)		
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		

TO BE SUBMITTED IN DUPLICATE IN RESPECT OF EACH PERSON ELIGIBLE FOR PENSION

Descriptive roll of pension and his / her Specimen signature / thumb impression					
1	Name of the Member				
2	EPF Accounts number				
3	Name of the Pensioner				
4	Father's / Husband's name				
5	Sex				
6	Nationality				
7	Religion				
8	Height				
9	Personal marks of identification	(1)			
		(2)			
10	Specimen signature of pensioner	(1)			
		(2)			
		(3)			
11	(Only in the case of illiterate claimant (Pensioner) Left Hand Finger Impression):				
	THUMB	INDEX	MIDDLE	RING	SMALL

Signature: _____

Place: _____

Name of attesting Authority: _____

Date: _____

Official seal

Certified that:

- (i) I am not drawing Pension under Employees' Pension Scheme, 1995.
- (ii) The particulars given in this application are true and correct.



Signature of the applicant /
Left hand thumb impression

Contd.... P.5

TO BE FILLED IN BY THE EMPLOYER AUTHORISED OFFICER OF THE ESTABLISHMENT

Certified that :

- (i) the particulars of the members are correct;
- (ii) the particulars of Wages and Pension Contribution for the period of 12 months preceding the date of leaving service are as under:
(in case the wages is not earned for all 12 months, the block of 12 months will commence backwards from the last drawn)

Year	Month	Wages		Pension contribution due	Details of period of non-contributory service, if there is no such period, indicate 'NIL'	
		No. of days	Amount		Year	No. of days for which no wages were earned
(1)	(2)	(3)	(4)	(5)	(6)	(7)

- Encl: 1. Documents as given in the instructions.
2. Form of descriptive roll and specimen signature



Signature of Employer / Authorised Official
of the Establishment with Seal & Date

Contd..... p.6

(FOR OFFICE USE ONLY)
(PENSION SECTION / ACCOUNTS SECTION)

Certified that the particulars in the application have been verified with the relevant concerned documents. The claimant is eligible for pension. The Input Data Sheet is placed below for approval.

Entered in Form 9 / Form 3 (PS) , Master Ledger Card / Claim Inward Register.

Form 2 (R) enclosed along with the documents furnished by the claimant.

Clerk
Date

S.S.
Date

A.A.O.
Date

A.P.E.C.
Date

FOR USE IN PENSION PRE-AUDIT CELL

This Input data sheet verified with reference to the application and the documents enclosed and found correct. P.P.O. may be generated through Computer.

Clerk
Date

S.S.
Date

A.A.O.
Date

A.P.E.C. (Pension)
Date

FOR USE IN PENSION DISBURSEMENT SECTION

P.P.O. Number _____

Date of issue to the Bank: _____

Intimation sent to the claimant and _____
also to Accounts Branch on

Clerk
Date

S.S.
Date

A.A.O.
Date

A.P.E.C.
Date

FORM NO. 3 (PS)

THE EMPLOYEES' PENSION SCHEME, 1995 **[Paragraph 20(1)]**

Code No of the Estt _____

CONSOLIDATED RETURN OF EMPLOYEES WHO ARE ENTITLED AND REQUIRED TO BECOME MEMBERS OF THE PENSION FUND ON THE DATE THE PENSION SCHEME COMES INTO FORCE

Name & Address of Establishment _____ Date of coverage _____

Industry in which the Estt is engaged _____ Registration No .of the Estt _____

Sl. No.	Account No.	Name of the Employee <i>(in Block letters)</i>	Father's Name (or Husband's name in case of married Woman)	Basic wages and DA including cash value of food concession & retaining allowance, if any.	Date of Birth	Sex	Date of entitle-ment for membership	Remarks
1	2	3	4	5	6	7	8	9

Date _____ Station _____ Signature Of the employer or other authorised officer _____

The information recovered in Form 5(PS) in respect of the members leaving service shall be entered in this form by commissioner specifying the reason for leaving service.

Stamp of the Establishment

Note: This form should be accompanied by declaration in Form 2 by every employee mentioned in column 3.

(For Exempted Establishment only)

THE EMPLOYEES' PENSION SCHEME, 1995

Contribution Card for members for the Year 20_____ 20_____

- 1) A/c. No _____ 2) Name (in block letters) _____
 3) Fathers / Husband's Name _____
 4) Name & Address of the Establishment _____
 5) Statutory rate of contribution 8.33% _____ 6) Voluntary higher rate of employee's Contribution, if any _____

Month	Amount of wages, retaining allowance,if any & DA including cash value of food concession paid during the month	Contribution to Pension Fund 8.33% (Rupees)	No. of days / period of non-contributing service (if any)	Remarks
1	2	3	4	5
March Paid in April				a) Date of Leaving Service : _____
April				
May				
June				
July				
August				b) Reason for Leaving service : _____ _____
September				
October				
November				
December				
January				
February paid in March				
	Rs.	Rs.		

Certified that the difference between the total contribution shown under col. (3) of the above table and that arrived at the total wages shown in col.(2) at the prescribed rate is solely due to the rounding off of contribution to the nearest Rupee under the rules.

Certified that the total amount of contributions indicated under col. (3) has already been remitted in full in Account no. 10 (Pension Fund Contribution).

Date _____ 20 _____

Signature of the Employer and office seal

LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

Claim Form under Group Insurance Scheme in lieu of E.D.L.I. Scheme, 1976

GRANTEES STATEMENT

(To be completed by the Master Policy Holder i.e. Employer)

1	i)	Name of the Scheme	
	ii)	Master Policy No	
	iii)	Full Name & Address of the Master Policy Holder	
2	i)	Full Name of the deceased Member	
	ii)	Date of Birth	
	iii)	Date of joining Service	
	iv)	Date of Joining P.F.	
	v)	P.F. Account No.	
	vi)	Date of entry to the Scheme	
	vii)	Date of death of member (Encl. Death certificate)	
	viii)	Cause of death of member	
3	i)	Name & Address of the Nominee / heir to whom the claim amount is payable	
	ii)	If the Nominee is a minor state name & address of the guardian	
	iii)	Name & complete address of the Bank / Post Office with which the claimant has opened a Savings Bank Account	
	iv)	Account Number	

Note Please specify the shares of the nominees / heirs if there are more than one nominee / heir to whom the claim is to be paid & particulars of separate Bank Account Nos. if any.

We hereby declare that the answer to all the questions are true in every respect and that the above employees was a member of the Group Insurance Scheme.

We hereby request the corporation to credit the claim amount to the claimant 's above mentioned Saving Bank Account.

(Signature of Project Head/
Manager(HRM)/Corp.Office)

(Signature of the Master Policy Holder)

Place:

Date:

'ANNEXURE H'

**PARTICULARS OF EMPLOYEE TO BE PROVIDED BY HRM DEPT. TO
MEDICAL TRUST ON RETIREMENT OR DEATH**

1. Name of the employee - Shri / Smt.
2. Employee code No. -
3. Designation -
4. Last Pay Scale - Scale Rs. (IDA/CDA)
5. Particulars of last salary drawn :
 - Basic pay :
 - Dearness pay :
 - Dearness allowance :
 - Interim relief, if any :
 - Total :
6. Status -
7. Date of retirement or date of death if occurred while in service -
8. Address _____

9. Name of spouse -
10. Name and age of dependents (in death cases only) :

S.No	Name of dependent	Relationship with the employee	Age
1			
2			
3			
4			
5			

Signature of officer in HRM
Name: _____
Designation: _____

Date: _____