

पंशन एवम् समूह बीमा योजना विभाग PENSION & GROUP SCHEMES DEPARTMENT

Claim Form for Non Employer-Employee Group Insurance Scheme

To be completed by the claimant and Master Policyholder			
Name of the scheme Group Insurance Scheme:			
2. Master Policy No.			
3. Full Name and Address of Master Policy			
4. Full Name of the deceased Member LIC ID			
5. Membership No Category			
6 Date of Birth Date of entry into scheme			
7. Date of death of the Member Time of Death (Original/certified copy of Death Certificate should be enclosed)			
8. Cause of death Place of death			
9. Amount of Sum assured: Outstanding amount of loan if any;			
10. If the claim is being intimated after 6 months from the date of death, Please give reason for delay:			
11) Last premium paid onFor Due Mode of payment M/Q/H/Yly			
12) Name of the nominee: 13) Relationship with member:			
14)Beneficiary Details (* all details are Compulsory)			
(i) S.B. A/C NO. OF NOMINEE*: (9 to 16 Characters) Example: 110000315209 (or) COR456700002254			
(ii) NAME OF THE BANK * :			
(iii) BRANCH NAME *:			
(iv) IFSCNo. of the Bank-Branch * (11 characters): Example: SYNB0006206			

v) Type of the KYC document submitted for ide	entity proof :- (any of the below)
Aadhar card	
• Electoral Photo Identity Card (EPIC)	
Driving License	
 PAN card 	
• Passport	
KYC ID Number (eg-Pan number/Aadhar numb	per)
vi) Name of the KYC document submitted for ac	ddress proof:- (any of the below)
Aadhar card	
Driving License	
 P assport 	
KYC ID Number (eg-Aadhar number) I hereby declare that the answers to all the ab	
Place :	
Date :	(Signature of Claimant)
	ons are correct in every respect and have been verifice that the deceased member was covered by the schere ate of his death
Place :	
Date :	(Signature of Designated official Of the nodal Agency/Master policy Holder

Discharge Receipt	
Master Policy No:	
Received a sum of Rs (Rupe from The Life Insurance Corporation Of India in form the components of the components o	·
Place :	Affix Re 1 revenue stamp
Date :	Signature of Master Policy Holder with official seal
Witness: Sign	
Name of witness: Address	