

Life Insurance Corporation of India

P & G S Unit D. O. Chandigarh

GSLI Claim Form B

(To be completed by the Master Policy holder for claiming benefits under the Group Savings Linked Insurance Scheme on death of a member)

1. Name of the Master Policy Holder _____
2. Master Policy No. GSLI _____ Date of Commencement _____
3. Full Name of the deceased employee _____
4. Employee No./Sr. No. in the list of members (i. e. in Original list when the employee entered into the Scheme) _____
5. Date of Birth _____
6. Date of joining Service _____
7. Date of joining the Scheme _____
8. Category/Salary Grade _____
9. Date of Death / Retirement _____
10. Amount of life insurance cover on the date of death _____
11. Amount on monthly contribution
Risk Plan _____
Saving Plan _____
12. If there has been any change in the monthly contribution during his membership indicate the date of change/s and the revised contribution/s _____
13. Amount of last monthly contribution _____
14. Due date for payment of last monthly contribution (indicate day month & Year) _____
15. The date on which the last contribution was paid to the Corporation. _____
16. Are there any gaps in premium and if so, give full particulars thereof _____
17. Total number of instalments paid to the Corporation _____
18. Nature of Proof of death (Please enclose original death registration certificate) _____
19. Cause of Death _____
20. Was the member in the service of the employer on the date of death _____
21. Name of the beneficiary and relationship with the member. _____

(22) mobile No
Cosmo. 40 Pads 4/99
(23) email. id.

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22. Additional information in case death has been taken place within 3 years of date of joining the scheme.

a) Was the member absent on the date of entry into the scheme (if so, give details of leave i. e., period of absence, cause of absence, how the absence was treated by the employer and date of resuming duties)

b) Whether the contribution of the member included in the monthly remittance for the scheme as a whole in the first month. Give details of amount and date of payment to LIC.

c) The date of the Authority-cum-declaration form signed by the Employee.

d) Was the member alive on the day the Salary was disbursed and out of which the deduction of contribution to the GSLI scheme to cover the first premium was made by the employer.

We hereby declare that the answers to the above questions are true in every respect and the deceased member was eligible for the above benefits as per the rules of our GSLI Scheme and contributions were paid in respect of him strictly as per the rules of Scheme.

Dated at _____ this _____ day of _____ 19__

Received a sum of Rs. _____ (Rs. _____)

From the Life Insurance Corporation of India in full & final settlement of all our claims and demands in respect of Shri _____

Assurance No. _____ under Master Policy No _____

who expired on _____

Dated at _____ on this _____ day of _____ 19__

Acress Re. 1
revenue stamp

Signature of the authorised signatory
Name _____
Designation _____
(Office Stamp)

Witness :

Signature _____

Name _____

Designation _____

Address : _____