



Life Insurance Corporation of India

G&S DEPT. DIVISIONAL OFFICE, INDORE

CLAIMENTS/EMPLOYER'S STATEMENT

(To be completed by the Master Policyholder, i.e. by Trustees of the Scheme in case of Group Gratuity and Superannuation Schemes and by Employer in case of other Group Insurance Scheme).

- I.
- i) Master Policy Number :
 - ii) Name of the Scheme :
 - iii) Date of commencement of Scheme :
 - iv) Full name and Address of the Master Policy holder :
 - v) Date of payment of premium for the month in which the member expired.

- II.
- i) Full name of the deceased member :
 - ii) Father's name member :
 - iii) Date of birth of deceased member :
 - iv) Date of entry into service :
 - v) Membership No. / P.F. Membership No. :
 - vi) Whether age admitted :

- III.
- i) Date of entry into the scheme by Member :
 - ii) Date of death of Member :
 - iii) Cause of death of Member :
 - iv) Place of death of Member :
 - v) Age at death of Member :
 - vi) Was the member on pay roll on the date of death :
 - viii) *Proof of death of Member : (Submitted in original)

- IV. Please give below the record of absences from duty by the Member during the last 3 years prior to death :
(It should be submitted in case of groups below 200 lives only)

| Period From To | Number of days | Nature of leave | Reason as stated in application form | Remarks** |
|----------------|----------------|-----------------|--------------------------------------|-----------|
|----------------|----------------|-----------------|--------------------------------------|-----------|

* Proof of death means - Gram Panchayat / Municipal death certificate in original.

** Please state whether doctor's certificate was submitted in case of leave on grounds of sickness.

We hereby declare the answers to all the above questions are true in every respect.

Place : _____

Date : _____

Witness : _____

(Signature)

(Signature of Master Policyholder)

Name : _____

SEAL

Designation : _____

Address : _____

CLAIM PROCESSING SHEET (FOR LIC USE ONLY)

I. Requirements for consideration of claim of late _____

i) Proof of death (in original) date of receipt (State nature of proof) Death Certificate Registration No. _____ dated _____ of _____ Municipality / Gram Panchayat.

ii) Date of receipt of discharge voucher : _____

II. Particulars of Assurances effected :

| | | |
|--|--|---|
| Type of Scheme / Plan of Assurance OYRGTA / GGLAS / GSI | Amount of Sum Assured Annuity per annum | Whether Premium prior to death received |
|--|--|---|

III. Details of Group cover granted during 3 years prior to death :

(i) _____ (ii) _____ (iii) _____

IV. Cover granted on the basis of simple tests of insurability :

| Plan | Date of risk | Sum Assured | Insurability condition | Date of F. 6203 & 6204 | Whether insurability condition satisfied on the basis of certification at the time of claim ? |
|--------|--------------|-------------|------------------------|------------------------|---|
| OYRGTA | | | Group above 200 | | Yes / No |
| GGLAS | | | Group below 200 | | |
| GLI | | | | | |

V. Amount for which claim is admitted :

| | Plan | Amount |
|---|---------------|--------|
| i) P.E. Perm | | _____ |
| ii) Interest on P.E. Prem (for _____ month) | | _____ |
| iii) O.Y.R.G.T.A. | | _____ |
| | Total | _____ |
| Less deduction : | | |
| (i) Outstanding premiums _____ + (ii) Other _____ | | _____ |
| | Net payable : | _____ |

VI. Details of cover under other group Schemes :

| M. Pol No. | Plan | S.A. | Name of D.O. | Decision Regarding Claim |
|------------|------|------|--------------|--------------------------|
| | | | | |

VII. Remarks and recommendations :

May be admitted / May not be admitted.

H.G.A.

VII Opinion of the Officer-in-Charge

Adjustment Voucher and schedule of costs and benefits verified.
Claim may be admitted/may not be admitted/for full S.A.

IX. Decision by the competent authority :

A.D.M. / A.A.O. / H.G.A. / (G&S)

Claim is admitted for Full S.A.

D.M. / A.D.M. / A.A.O. / H.G.A. / (G&S)

